

GUIDELINES FOR EFFECTIVE NATIVE NUTRITION EDUCATION



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NUTRITION EDUCATION

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by

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INTRODUCTION

Little is known by non-Native educators about how Native people learn and teach one another. The existing nutrition education programs that have been taught by Home Economists and para-professionals have provided an awareness of the need for using methods that are aimed specifically at a group that is culturally and socially diverse. As well, there are few educational resources currently available to aid in teaching Native families about nutrition, and it is not known how effective the existing ones are.

The need for more nutrition education programs for the Native population is recognized. The Nutrition Canada Survey revealed several nutritional risk factors (Department of National Health and Welfare, 1975), and disorders such as diabetes, obesity, and dental caries are common. The incidence of teenage pregnancy is widespread; nutritional requirements for these women are high. Because of poverty and limited availability of food in the north, there is a special need for instruction in wise food selection.

Thus, on the request of the Home Economics Directorate, an eight month study was begun on August 1, 1982 with the purpose of developing a philosophy on teaching Native people in Manitoba about nutrition. The study was funded by the Department of National Health and Welfare through the Health Promotion Directorate. (File No: 6553-2-28).

The guidelines given in this paper should aid all groups who are involved in the nutrition education of Native people. Once effective methods are implemented, improvements in the nutritional status of the Native population should follow.

PURPOSE AND OBJECTIVES

The overall purpose of the project was to develop a philosophy on educating Native families about nutrition. Based on the assumption that the need for education exists, the following objectives were formulated:

1. To describe methods that are appropriate in teaching Native families about nutrition.
2. To give guidelines for developing resources that would be effective as teaching aids in Native nutrition education.

Techniques utilized to meet these objectives included interviews with those involved in educational programs to determine the effectiveness of methods used; a literature review to document information on Native culture, food practices and attitudes towards issues such as nutrition, pregnancy, child care and learning; and a description and an assessment of existing resources to prevent duplication and to aid in setting guidelines for future development.

TARGET POPULATION

The focus of this report is the young Native family in Manitoba, particularly the mother. Families living in both rural and urban areas, on or off reserves, were considered.

Definition of Native*:

- Registered Treaty Indian persons who have legal status under The Indian Act
- Non-status Indians who are of Indian descent and are culturally and socially Indian but are not recognized as Indian in Canadian law
- Metis who are of mixed Caucasian and Indian descent

* Adapted from Community Task Force on Maternal and Child Health:
The Manitoba Native Indian Mother and Child, 1981.

The mother/woman in the home is of special interest because in the majority of cases, she is the "gatekeeper", largely controlling the entrance of food into the home (Sanjur, 1982), the meal patterns followed and the food habits adopted by the children. The Native woman was traditionally the center of the home, with a definite role to fill. She was considered to be the one with the most emotional strength, bearing and nurturing children and putting part of herself into the food and drink she prepared, which, when shared fostered familial closeness.

Table 1 shows the current Native population in Manitoba

TABLE 1
NATIVE POPULATION IN MANITOBA (1981)

Status Indian	37,710 ¹
Non-status Indian	5,850
Metis	<u>20,485²</u>
TOTAL	66,045

Source: Statistics Canada, 1981

¹ With an annual predicted growth rate of 2.55% to 1986

² this number varies and may be as high as 88,000 depending on how Metis people categorize themselves.

Geographic Locations of Settlement (see Map 1 - page 5)

1. Urban
2. Rural north (north of 53rd parallel)
 - i remote (lacking an all-weather road)
 - ii non-remote
3. Rural south (south of 53rd parallel)
 - i remote (lacking an all-weather road)
 - ii non-remote

It is difficult to obtain accurate data on non-status Indians and Metis populations since they frequently disappear into provincial statistics. It is noted that although the Metis are dispersed throughout the province, they will often form a community adjacent to a reserve. The following can be said about the status Indian population: In 1978, there were 63 reserves in Manitoba (Department of Indian Affairs and Northern Development; see Map page 5). Twenty-seven percent of status Indians lived off reserves in 1980 with 58% of these in Winnipeg. (Social Planning Council of Winnipeg, 1982). This percentage would bring the status Indian population in Winnipeg to about 6,000, while the non-status Indian and Metis populations would be considerably higher. The status Indian population is young - 58.5% are less than 25 years of age compared to 35.2% for Manitoba as a whole. There were 8,900 females of child-bearing age (15-45) in 1978 (Community Task Force on Maternal and Child Health, 1981); these together with the other Native women in this age bracket form an important target group for nutrition education.

Main Language Groups:(see Map page 5 for areas where languages are predominantly spoken)

1. Cree
2. Saulteaux/Ojibway
3. Island Lake Dialect
4. Sioux



METHODS OF DATA COLLECTION

In order to meet the objectives of this study, three methods of data collection were used:

1. Individual and small group interviews
2. Contact by letter
3. Literature search

1. Eighty-three individuals were interviewed, 58 singly and the remainder in groups of from two to five to a group. In addition, many informal contacts were made including at least 10 Native mothers. The interviewees came from Winnipeg, Brandon, Portage la Prairie, Thompson, Wabowden, Flin Flon, The Pas and Bloodvein. Table 2 shows the occupation/role within the Native communities of the interviewees. Appendix C lists specific names and organizations they represent.

TABLE 2
OCCUPATION/ROLE OF INTERVIEWEES

OCCUPATION	TOTAL
Native Organization - Directors ¹	15
Native Organization - Family/Health	14
Home Economists	7
Community Health Rep./Home Advisors	6
Health Field	10
Education Field	15
Directors-work projects	5
Mission/church related	8
Other	<u>3</u>
TOTAL	83
Many informal contacts including at least 10 Native mothers	

¹ includes directors of programs within the organizations

The type of questions that each interviewee was asked depended on his/her role. Each one gave information on whatever facet he/she was knowledgeable. A full list of interview questions appears in Appendix A.

2. To gather information on the resources that have been developed across Canada to aid in Native nutrition education, the regional nutritionists, provincial Home Economists and several Native Education Centers were contacted (See Appendix B for a sample of the letter sent out). These contacts were requested to send copies of these resources so that they could be evaluated. A list of resources available in Manitoba and other provinces begins on page 78 and includes an evaluation.
3. The literature search provided information on: Native culture; past and present dietary practices, food customs and lifestyle; attitudes toward family life, children and breastfeeding, and attitudes toward the dominant white culture.

LIMITATIONS OF STUDY

1. The goal of this project was to set out guidelines for effective methods of nutrition education and for future resource development. As a background to these guidelines, a brief discussion is given in this report on Native culture, traditional and current health and diet, and traditional and current food customs. However, a more indepth study on these vital issues would be needed by the nutrition educator who actually implemented a nutrition program or who began to develop teaching aids. Also beyond the scope of this study is comprehensive information on living conditions and social and economic problems Natives face, as well as the infrastructure of services that are presently being carried out for Natives, and their effectiveness.
2. Within the time period allotted for the project, it was possible to visit seven communities where Natives live besides various locations in Winnipeg, and to speak to 83 individuals. Contact with more people in various parts of the province would have yielded more complete data.
3. Because contact with interviewees was brief, and hindered occasionally by skepticism about the usefulness of yet another survey, some information could possibly have been withheld. Generally, however, the co-operation and response of the interviewees was excellent.

DIFFICULTIES IN FORMULATING GUIDELINES

1. There is great difficulty in making general guidelines pertaining to Natives in this province because of various factors that produce communities each with its own unique set of characteristics and needs. These factors are:

- geographical location (eg. urban/rural; remote/non-remote).
The degree of accessibility affects the flow of foodstuffs as well as of new ideas and technology.
- language. There are four main language groups and many dialects, spoken and written with varying degrees of fluency.
- extent of acculturation. Each community may be at a different stage, depending on factors such as location and degree of remoteness.

2. Difficulty was encountered in trying to reach a consensus on issues discussed in this paper, since varying - often contradictory - answers were received from the interview questions. Partly, this is due to the variety of backgrounds of the interviewees as well as to the way each individual perceives the world around him and the subjective opinions he forms.

BACKGROUND

While this report is not an indepth study of Native health and nutrition, a brief outline of traditional and current dietary practices and health is appropriate in order to provide background for information on effective teaching methods and aids.

Traditional Diet and Health

There is evidence to prove that before contact with European civilization in the 16 and 1700's, the Native peoples of Canada were in superb health. Archeological findings show that they were remarkably free from most infections and chronic diseases. Testimonies that have been documented describe the Indians as vigorous and robust, with most of them reaching fifty before "a wrinkled brow or gray hair" betrayed their age (Obomsawin, 1979). The women displayed an exceptional degree of strength, evident particularly in childbirth when ordinary duties were assumed almost immediately after the infant was born (Obomsawin, 1979; National Commission Inquiry on Indian Health, 1979; Schaeffer, 1978).

They lived, in harmony with nature basing their system of hygiene and healing upon its laws (National Commission Inquiry On Indian Health, 1979). Diet, consisting of foods from their immediate environment played a significant role in their well-being. Dr. Weston Price, in his well known study on the relationship of nutrition to disease found that wherever traditional dietary patterns were followed, there was excellent physical development, perfect dental health and almost near absence of disease. His work was world wide, but included Indian bands in the Yukon Territory, British Columbia, Manitoba and Ontario (Coombs, 1981).

The Canadian Indian lived on a diet of game meat and fish which was high in protein and low in fat. The small amount of carbohydrates consumed were in a slowly digestable and complex form from such sources as glycogen contained in liver, heart and kidneys, or glyco-proteins in epithelial of skin from herbs gathered seasonally or consumed in partially digested form from the

stomach and gut of animals like caribou, moose or hare. Vitamins A and C were provided by the Native bush plants and berries, richer sources than most commonly eaten domestic fruits and vegetables (Schaeffer, 1978). As well, wild vegetation supplied calcium and iron (Shosteck, 1979). Apparently the pre-contact Indian diet provided nutrients and calories adequate in all respects (Berkis and Farkas, 1978).

In the 17th and 18th centuries, with the influx of Europeans interested mainly in the fur trade, came a host of infectious diseases, such as whooping cough, measles, influenza and tuberculosis which caused widespread epidemics. Over the years, serious resource depletion and disruptions to traditional ways of living also began to occur. By the early 1900's, big game had dwindled and with a decline in traditional food sources came an increasingly greater dependence on commercial foods, especially flour, lard, sugar and jam. One study shows that by 1941, more than 50% of energy intake by Natives in Norway House was from store-bought foods (Berkis and Farkas, 1978). However, with the resource base depleted, they had little buying power and government subsidies began (National Commission Inquiry on Indian Health, 1979). Movement into settlements became increasingly common, and the beginnings of bush plane transport in the late 1940's, brought greater availability of "imported" and refined foods and also greater sedenterization and acculturation (Berkis and Farkas, 1978; Schaeffer, 1978; National Commission Inquiry into Indian Health, 1979).

Current Diet and Health

Diet

There has been a shift among the Canadian Native population from a high quality, high protein diet to one high in carbohydrates and fat, and low in protein. A large percentage of carbohydrates being consumed are from refined food sources, especially sugar and sugar-containing foods (simple rapidly digestible carbohydrates). Unfortunately, although many of the foods in the North American food chain are of low nutritive value, it appears that it is the least nutritious of these that dominate the diet of Native peoples today (Gazee, 1978; Schaeffer, 1978).

That the diet is often of low nutritive value is indicated by data from respondents in this study on the current diet of Native people in Manitoba. While it differs widely from one region to another, and likely from one family to another as is true for all peoples of the province, some generalizations can be made. There are certain foods that appear to form a large part of the daily

diet of most Natives, and others that are seldom eaten.

To what extent the traditional diet (eg. wild meat, fish, wild vegetation) is being followed depends on a number of factors. People in isolated communities, where less acculturation has taken place and with less variety in availability of store foods follow tradition more closely than those in less remote communities, and the "older people" more than the "younger ones" (however defined). A fuller discussion on the reasons for the existing diet will be given later.

Wild meat and fish is eaten if available and if there is a hunter in the family. This means lower intake for urban Natives although many do return to the reserve periodically and take some game back with them to the city, or it is provided by visiting relatives. Some families would rarely have any, but rely mostly on luncheon meats (often canned) or sausage meats. Very frequently the meat is boiled, and the stock used for soup with or without vegetables. (If stock is simply thickened, it is called "Indian soup"). There appears to be an adequate amount of meat in the diet.

The diet is generally very high in carbohydrates - starches and sugar. Bannock is a popular food, often eaten with lard or butter. That seems to be the only cereal-based product that is frequently baked in the home. Bread, if it is eaten is usually the white, commercially prepared product. Macaroni is a staple, sometimes eaten twice a day. Especially well-liked are the macaroni and cheese dinners. Sugar is taken in the form of "sweets", such as donuts and pastries, flavoured crystal drinks, sugar coated cereals, candy, pop and highly sweet tea. Children particularly appear to be following a diet high in sugar. About 8% of the interviewees claimed that Natives were following a "junk-food" diet.

Fruits and vegetables form a small part of the diet of many Native families. This low intake may be more true of those in remote communities, but is also the case for those in cities or in less isolated places. Where gardens exist, intake of vegetables is higher, at least in summer and fall. Wild vegetation (eg., roots, berries, greens) is not utilized to a great extent. Some berries are dried and herb teas are still enjoyed by a segment of the "older generation".

The favourite drink is tea with or without milk, but usually sweet. There are several reports that sweetened tea is commonly given to infants. Native people - adults and children - are not great milk drinkers; about 90% of the interviewees who responded to the diet questions felt that the diet was "too low" in milk. The milk used was most often in the canned, evaporated form (also for baby formulas).

Hard cheese and yogurt appear infrequently on their menus, but processed cheese spreads and ice cream are well liked.

A similar diet is described by a survey done on the Northern Canadian Indian by Farkas (1979). Traditional foods like game, fish, bannock, oatmeal and berries were being replaced by processed meats, packaged noodles, white bread, orange-flavoured crystals, packaged breakfast cereals, carbonated beverages and potato chips. Some game, fish and wild vegetation was eaten. The intake of strong tea with sugar was substantial, and Farkas also mentioned it being given to infants of 2 or 3 months of age.

A study done in 1977 on the dissacharide consumption and malabsorption in Canadian Indians (Ellestad-Sayed and Haworth) involving 28 Sioux from southern Manitoba and 29 Saulteaux in an isolated northern Manitoba Community showed that daily consumption of sucrose for 14 children in the north was about twice the average United States consumption of 130 g per day. Most of the sucrose was consumed as snacks.

Many of the interviewees were concerned that the diet may not be balanced. The variety of foods commonly eaten is limited. Something that is practiced, and rooted in the "feast/famine" occurrence of the past, is eating a great deal of certain well-liked foods until they are gone, "and making do" until the food becomes plentiful again. Preschoolers and the elderly were mentioned as more likely to suffer from malnutrition than the rest of the population.

Nutritional Status

The Nutrition Canada Survey conducted in 1973 (Department of National Health and Welfare, 1975) revealed that median dietary intakes of ascorbic acid and vitamin A by the Indian population fell below those of the national sample, especially by the Indian people in remote areas. Forty to seventy percent of adults were classified as being at risk for vitamin C which might indicate a low consumption of fruits and vegetables. Although median vitamin A intakes were marginal for children, teenagers, all women and elderly men, no frank deficiency was evident. It was concluded, however, that the liver reserves of Indians were poor because of lack of consumption of good sources of vitamin A including dairy products, liver and, fruits and vegetables.

Intakes of calcium were lower for every age group among the Indian population than in the national sample. Children aged 5 to 9, all adult women and elderly men had intakes in the marginal range, a fact which would point to a low consumption of milk and its products.

Vitamin D intakes were also consistently below most of national sample: older children, teenagers and pregnant women had intakes below the adequate level. The best dietary sources of vitamin D are fish liver oils, fortified milk and

margarine.

There was a wide variation in iron intakes; the median intakes, by adolescents and women were in the marginal range, and that by children and infants barely adequate, which was true for the national sample as well. Low hemoglobin levels were more common among Indians, especially teenage boys and women, and the status of iron reserves was also much poorer than in the national sample. Such findings might indicate a low intake of iron rich foods like red meats, cereals and green leafy vegetables, or to various factors involved in absorption.

The percentages of those classified at high and moderate risk for folate were great, particularly for those in remote areas. Glandular meats and leafy green vegetables are particularly good sources of folacin.

In spite of nutrient deficiencies in the Indian population, some of which are widespread, results from the Nutrition Canada Survey show that few clinical signs directly related to nutritional status are observed. However, a study by the Social Planning Council of Winnipeg (1982) revealed that the number of admissions to hospitals for nutritional deficiencies of on-reserve Indians in Manitoba from 1976 - 1979 was considerably higher than for the total provincial population (Table 3).

TABLE 3 The Incidence (Per 1,000 Population) of Nutrition-Related Problems Among the Indian and Total Provincial Population				
TYPE OF PROBLEM	ON-RESERVE INDIANS 1976-1979		TOTAL PROVINCE 1978-1979	
	No. of Admissions	Number of Days	No. of Admissions	Number of Days
Diabetes Mellitus	5.3	65.7	1.9	37.0
Nutritional Deficiencies	1.3	11.5	0.3	4.3
Iron Deficiencies	0.3	3.1	0.1	1.4
PA and B12 Deficiencies	-	0.4	0.1	2.9
TOTAL	6.9	80.7	2.4	45.6

Source: Medical Services Branch Annual Report, 1980. p.82,
Health and Welfare Canada.
Social Planning Council of Winnipeg, 1982.

Thirty-three of the interviewees (39%) spoke about diet related health problems. Cited frequently as being problems were diabetes, overweight, alcoholism and dental caries. Other areas of concern were hypertension, iron deficiency anemia, kidney problems, lactose intolerance, gallbladder disease and skin problems.

There are many nutrient deficiencies that are not severe enough to merit hospital care. However, it is hardly possible to be in top physical health and perform at optimum levels if nutrients that are necessary for metabolism, body growth and repair are lacking. Moreover, inadequate intakes of required nutrients over time will help to bring on or aggravate a variety of diseases. Constant excessive intakes of foods of low nutritive quality may block the intake of more nutritious foods and may in themselves be harmful to the body.

The literature shows that such is indeed the case. The shift in total lifestyle, including the shift from traditional food practices to the diet that is being followed today, brought on a host of what Schaeffer calls "Civilization Diseases" (1977). High consumption of sugar contributed to poor dental health, especially among children and young adults. Diseases such as gallbladder disease, diabetes mellitus and atherosclerosis which are linked to diets high in fat and simple carbohydrate content are common among Indian people today. There is an increased rate of obesity (due in part to a decrease in physical activity) and myopia (Schaeffer, 1977, 1978; Berkes and Farkas, 1978). The report issued by the Social Planning Council (1982) reveals however that both mortality and morbidity rates are decreasing in the Native population which indicates an improvement of health status. Days per 1,000 population of hospital care for infections and parasitic diseases and respiratory disease show a decrease in the last decade, which is attributed mainly to improved housing and sanitation. There has been an increase in the incidence of circulatory and digestive diseases but this is not uncommon among more affluent and older populations. All in all, the mortality and morbidity rates are still considerably higher than for the provincial population. Of particular concern are the under 1 year and over 65 year old age groups (Table 4).

TABLE 4

Mortality Rates Per 1,000 Population for selected
Age Groups of Indians Living on and off Reserves and for
Total Provincial Population

1977-1979

AGE GROUP	ON RESERVE	OFF RESERVE	PROVINCIAL
Under 1 yr.	42.9*	35.6*	14.5
Over 65 yrs.	60.9	56.5	50.3

Source: Social Planning Council of Winnipeg, 1982.

* These rates have decreased considerably over the last decade.

It must be emphasized that the disease pattern common among the Native population is that of any under-privileged society and is brought on by a web of socio-economic factors including low income, poor sanitation, and overcrowding.

Other areas of concern related to the health of the Native population are:

- the potential high ingestion of sodium from foods such as processed meats and potato chips. This factor is associated with hypertension.
- the negative effects of the components in black tea such as tannin, oxalic acid, and caffeine extracted on steeping (Farkas, 1978).
- the regular intake of alcohol which may replace nutritious foods in the diet and may be antagonistic to thiamin, vitamin A and magnesium (Berkes and Farkas, 1978). Of special concern is the pregnant woman. It is estimated that between 30% and 50% of alcoholic mothers will deliver infants with fetal alcohol syndrome (FAS). The syndrome may appear with high frequency even in women who are only moderate drinkers during pregnancy (Worthington-Roberts et al, 1981).
- lack of dietary calcium. Traditionally calcium was obtained by chewing the spongy parts of bones, from wild plants such as lamb's quarters and dandelion, (Schaeffer, 1978; Shostack, 1979), but it appears that these sources have been discarded and have not been replaced with other ones such as dairy products. Inadequate ingestion of calcium has deleterious effects on the growth and maturation of bones and teeth, and would particularly affect growing children and pregnant women. Osteoporosis is a concern for middle aged and older women (Krause and Mahen, 1979). One must remember that the incidence of lactose malabsorption may be high among the Indian population (Ellestad-Sayed and Haworth, 1979). Currently, researchers are not in agreement about the extent of the problem and further investigation is needed.

INFORMATION FOR EDUCATOR

If there is to be an improvement in nutritional status of the Native, there must be a change in dietary intake. Before any attempt is made to bring about such a change, underlying factors that influence food consumption patterns must be sought. One theory states that physical and cultural availability of food largely determines the food habits of any group (Sanjur, 1982). Physical availability would include such factors as natural environment (which would determine foods produced in the area), ease of bringing in outside foods (development of transportation system), economic forces (level of purchasing power), level of education of homemakers and wage earners, food distribution within the community and within a family, methods of preserving and preparing food, and utensils and equipment available. Culture is a design for living that has been developed by a group often over long periods of time; values and beliefs are shared by members of the group which manifests itself in certain practices and behaviour. Foods become invested with meaning - they may take on physical status, social prestige or become appropriate only for special celebrations. It must be recognized that to an extent cultural availability arises out of physical availability, and at the same time cultural patterns influence things like food production and preparation.

If a nutrition educator knows, then, what factor or factors are responsible for a food pattern that is in need of change or modification, he will be able to plan his approach more effectively. Some factors will be out of his control (eg., climate) while certain changes in food consumption can only be effected by government decisions (eg., better transportation system). However, in other areas, a well designed nutrition program, although it may or may not result in overt change, will give the knowledge that may be used as a base for change. Those physical characteristics that affect food availability which cannot be altered by the nutrition educator must be taken into consideration when a nutrition program is initiated.

Physical Availability of Foods

Following is a list of physical conditions that may affect the food intake patterns of the Native Population. Not all factors will be true for all communities/families.

Rural north

- Availability - poor selection in community stores - poor transportation system
 - inefficient management
 - no demand for better selection.
- depletion of land/lake resource base
- Poor storage facilities - for dry goods bought in bulk
 - for fresh garden produce (eg., root cellars)
 - no freezers
- Low income - large percentage on welfare
 - few in high paying positions
- Relatively high food prices - due to shipping costs
- Low education level of homemaker - limited knowledge of food variety
 - less likely to be innovative
 - limited knowledge of cooking methods
- Influx of relatives - stay may extend to weeks
- Poor water supply
- Limited cooking/kitchen facilities

Rural south

The same conditions exist except food costs are not quite as high and selection in the community stores is wider.

Urban

The same conditions exist except food costs are lower and selection is wide. At the same time, other living costs (eg., rent) are higher and transportation is needed to get to point of purchase. Therefore, buying power might be similar to that of the rural Northern Native. An abundant, sanitary supply of water is available.

Because food practices, once established are very resistant to change, the nutrition educator must be careful that he does not attempt to force a

change on the basis of personal likes or dislikes, or non-familiarity with foods. For example, some Natives deliberately leave blood on game meat in order to give the soup a brown colour. While this practice may seem repulsive to many white people, there is nothing nutritionally harmful in it, so why change it? Those dietary practices which are beneficial ought to be encouraged, such as consumption of wild berries gathered from woodlands. Those which are harmful should be discouraged; an example of a dietary practice of this nature would be the high intake of sugar common in many Native communities. In such cases, it must be realized, however, that food habits are learned and therefore can be replaced with those more appropriate to good health (Lowenberg, 1970).

Culture

It is imperative that the nutrition educator becomes very familiar with Native culture - customs, values and lifestyle - before any type of nutrition intervention is attempted.

Strong Beliefs About Food

Knowledge of strong beliefs about certain foods and the meaning attached to them, usually with roots in the traditional past is important because any change here will have an effect on the total structure of the culture (Lowenberg, 1970). Through the four hundred or so years that the Natives have been subjected to an alien European culture, much of the traditional way of life has vanished. However, there is still an underlying residue of traditional culture left, more so in the remote northern communities (Task Force on Children and Youth, 1979), and this ought to be respected. New teaching which disrupts these ways is not readily accepted because it means loss of identity with their own people.

Following are some examples of foods within the Native culture with invested meanings from the past:

Physical status - large game meats such as moose, deer, and smaller game such as beaver and rabbit have masculine qualities and are thought of as "making you strong".
- milk is for babies.

With a Social Role - buffalo, wild rice - not every day fare but served at special feasts and powwows.
- bannock, black tea - although commonly eaten they are also present at every social function.

Food Taboos - none found

Medicinal Foods - Mostly vegetation - roots, bark, buds and herbs. Still gathered by a segment of people in northern Manitoba as remedies for various diseases. This whole area of medicine is strongly connected to religion. In the past, ceremonies and songs were used by the herbalist to reinforce the effects of the Medicine. Faith in the medicine was and is a large part of the healing (Sealey, 1982). Following is a list of a few of the herbal remedies still in common use: (Sealey, 1982; Lowry, 1983)

<u>Plant</u>	<u>Symptom</u>
Wild Mint (Mantha Arvonsie)	Headache
Black Current (Ribes Hudsonianum)	Diarrhea
Willow Branches	Diarrhea
Mountain Ash (Sorbus Americana)	Rheumatism
Labrador Tea (Ledium)	Nose bleed, Cough
Any evergreen tree	Cuts
Balsam trees - sap	Pneumonia
Seneca root (Snake root)	Cough

Customs and Values

Knowledge of a whole spectrum of customs and values held by the Native people is important for the following reasons:

- some will have a direct bearing on the types of methods and teaching resources used for nutrition education.
- some will influence the content of nutrition information transmitted and will help to formulate terms that the receiver can best relate to (Harrison, 1982).
- Being aware of the value system will help to reduce barriers of communication. "It will show us that you really care" as one interviewee phrased it.
- It will give insight into the forces hidden below the surface that motivate behaviour and thus will aid in eliminating stereotypes.

The following list includes only the values and customs that are of pertinence to the educator in planning and carrying out a successful nutrition program. Certain ones have been entirely obliterated in some regions and others appear to a lesser or greater degree in Native

communities. Some Natives may appear to be acculturated, yet are still "Indian" in a psychological sense (Farkas, 1980).

<u>Value</u>	<u>Implications</u>
Principle of non-interference	● answer to questions not given unless very sure of answer ● tasks not performed in public unless sure of a job well-done ● resistance to program if seen as too much interference ● parents may not direct children's choice of food.
Time is unimportant (traditionally, work required no schedule or "clock watching")	● for punctuality at meetings and appointments ● for taking medicine (eg., using mealtimes as a standard may not be appropriate) ● non-differentiation between past/present would affect dietary recall data.
Present orientation (instant gratification)	● any rewards (eg., prizes for games) must be immediate to be effective motivators ● if results of following a healthy diet or one prescribed for a disease are not seen immediately, motivation may be lost ● meal planning is more difficult. A well-liked food may be eaten until gone and none left for tomorrow. (roots in the feast/famine tradition) ● little buying for future which makes food budgeting more difficult.
Silence (a vital characteristic of the hunter. A way to observe and discover)	● an educator should know that a non response is not necessarily non-co-operation. ● educator may use techniques of observation as part of education.

<u>Value</u>	<u>Implications</u>
Non-verbal behaviour (subtle, non-volatile method of communication)	● an educator should know that - non-demonstrative is not necessarily non-enthusiastic ● direct eye-gaze implies disrespect and intervention.
Sharing	● food may be scarce/in over-abundance at particular times ● meal planning is more difficult when home is shared for indefinite periods of time with extended family members ● is a positive trait and can be built into nutrition programs.

* Source: Farkas, 1980
Spence, 1973
Kirkness, 1973

Disruption of Culture and its Effects

Native culture and traditional lifestyle have been disrupted with devastating effects. As discoveries are made and technology advances, the world changes and all peoples must adjust, but ideally, the change is slow enough so that the general pattern of customs and beliefs can be maintained, albeit within a new framework. The Natives in Manitoba (as elsewhere), however, passed quickly from the "Stone Age to the Iron Age" which forced a rapid cleavage from a cherished way of life (Sealey, *The Education of Native Peoples in Manitoba*). Faced with a new language, southern modes of dress, strange foods and a completely different lifestyle necessitated by moves to reservations or into urban areas, they were unable to cope. With these changes came an increasing dependence on the government welfare system. The results have been a loss of dignity, self respect and ambition which to a large extent have spawned a whole web of problems some of which are unemployment, family instability, abuse of alcohol and poor diet. Sealey (1982) fears that unless conditions are rectified, and solutions to pressing problems found, these characteristics may become the norm.

The following section presents some common aspects of current Native lifestyle as revealed by the interviewees, and the implications that the practices may have on implementing a nutrition program. The effects of the abrupt break from traditional culture can be seen in many of them.

Current Lifestyle

- it is very common for households to swell as relatives move in to stay for indefinite periods of time. This makes food budgeting and meal planning difficult.
- the most convenient and quickest way to prepare food appears to be the norm. Canned foods and quick-to-prepare packaged foods are common (eg., canned luncheon meats, packaged macaroni and cheese dinners). There is little attempt to cook anything elaborate or use different methods of cooking (eg., deer meat is always simply boiled or fried; one interviewee mentioned that Indians boil meat and Metis fry it). This is part of the apathy that has been created within Native communities as dependence on the welfare system grew, and has implications for gardening and utilizing garden produce.
- a meal is usually "simple" - that is, not a great number of different dishes are eaten at one time. Therefore, eating according to Canada's Food Guide, with so many different foods to consume each day, may be foreign to them.
- a three meal a day pattern is not necessarily followed. Meals and snacks are eaten when food is available, when convenient or when hunger strikes. This practice has its roots in the feast/famine tradition, but is carried on partially because of lack of interest in spending time in food planning and preparation. This also means that "family meals" - when the entire family is present at one time around the table - may not be a daily occurrence.
- a "volunteer mentality" is absent, probably fostered by the welfare system. A "reward" is needed (and expected) for attending a course, for example. While this idea is not to be promoted, one needs to recognize the attitude.
- "poverty doesn't necessarily economize". Eating steak at several consecutive meals, or purchasing a highly priced convenience item may not give an honest picture of food money available.

- health is often not consciously related to diet, since a positive change in eating habits will usually not result immediately in improved health (nor a negative change in poor health). This desire for instant feedback, which is true of many socially disadvantaged families, is seen in other areas of their lives. For example, gardening may save money, but since cash isn't seen, the savings aren't realized.
- food habits are influenced by television which is part of many Native households, and which is viewed a great deal.
- children are highly valued, which has traditionally been true. The Task Force on Children and Youth (1979) states that a widespread belief was that "the child was a haven of refuge for the wandering ancestral soul" and reproof and punishment was often followed by an apology. Today, because of family breakdown due to a variety of social problems, children are often neglected putting them in a vulnerable position especially with respect to nutrition. At the same time, this special care for children shines through and thus their health could be an important enough issue to the parents to take heed and make necessary changes.
- a great respect for elders exists. They are thought to have a wealth of wisdom stored away.
- non-materialism is a common characteristic in Native people and it should be respected. In teaching money management, the nutrition educator must not convey the idea that having money and "things" is the most important thing in life.
- quantitative thinking was not necessary in the traditional hunting society and even today, thinking in terms of precise measurements may not be practiced. That could be one reason why recipes, where food ingredients may be measured in minute amounts (eg., one-eighth of a teaspoon) are not widely used. In fact, measuring cups and spoons may not even be standard equipment in all the homes (Farkas, 1980).

- those families that pursue hunting, trapping or fishing may leave their communities for certain periods during the year since this work is seasonal. Knowledge of this will affect the times that nutrition programs are carried out, as well as prepare the educator for possible sporadic attendance.
- in the past, there were no "bad" foods - all were essentially nutritious. The concept of "good and bad foods" may not be totally clear in the minds of everyone. The bit of folk wisdom, "When the stomach is full, I am well-fed" may not be true today.

Implications for Nutrition Educator

It is important for the nutrition educator to realize that since a poor diet is interwoven with a host of socio-economic problems, it cannot be addressed in isolation. Many of the interviewees stated in fact, that a healthy diet was not necessarily a priority when they were concerned with simply putting food on the table. Although the nutrition educator cannot wait until existing social and economic problems are solved, he must nonetheless take into consideration the limitations that they impose, and work in co-operation with other individuals or agencies who are attempting to better the living standard of the Native population (Schaeffer, 1978; National Commission on Indian Health, 1979).

One goal, which should supercede all others, is to restore a sense of dignity and pride to the Natives - pride in themselves and in their culture. They must never be treated in a patronizing fashion, but as equals, as fellow human beings. If they "feel good about themselves", changes which are seen as beneficial will be more readily adopted, since they will wish to better their lifestyle. The educator should begin by disregarding stereotypes - which are true for only 10% of the population anyway (Kirkness, 1973).

An issue that is sometimes raised is what right individuals or organizations from one culture have to intervene and try to change the customs and ways of another, since no culture is inherently better than another. Under consideration here are food patterns, which being an integral part of any

culture, are difficult to change. It is interesting to note that many of the dietary changes that the nutrition educator would advocate for the Native population would be for changes in practices and foods that have been adopted only in the last 40 or 50 years - ones that are in a sense foreign to them. As far as it is feasible and practical, they would be encouraged to go back to the types of foods that were consumed before the process of acculturation began (eg., less dependence on commercial foods, and more use of domesticated or home grown, and wild land foods). This concept is briefly discussed on pages 58 and 59.

Attitudes toward Education

The nutrition educator should be aware of the attitude that Native people have toward education. Traditionally, they followed a system of education devised to meet their needs, with teaching done informally by parents and other adults when a child was young. At puberty, education was more formally conducted by grandparents and later by Shamans. With the coming of Europeans to Manitoba, Natives were faced with a foreign and complex society for which their educational system was no longer adequate (Sealey, *The Education of Natives People in Manitoba*). In addition, formal education was instituted by the government, who deemed it necessary for all Indian children to attend the residential schools set up in the 1930's around the province. Leaving a secure home environment and being thrust into a place peopled by white skinned individuals with strange ways had a traumatic and long lasting (often negative) effect on many of the students (Brosnahan, 1982). Today, some are still struggling with bitter memories, and this obviously affects the way they feel about formal school education, although the system has now changed entirely. Some parents are concerned that education will help to erode more of the traditional values, others feel threatened when their children become more highly educated than they are. However, many of the younger adults see that education if administered correctly can help to develop a positive self image and arm them with tools for survival in modern society (Cardinal, 1969).

The school is only one avenue for nutrition education - there are many other formal and informal techniques that may be employed. It is wise to remember than any hint of a course or program instituted by "whites" will raise a barrier in the mind of many Natives. Too often in the past, various professionals have entered Native communities as strangers, and with utter disregard for local language and beliefs, have not only sought to convey information of one sort or another, but have attempted to bring about change within the space of a few weeks or months. This will only cause resentment and will probably not result in permanent behavioral change.

PRIORITY AREAS FOR NUTRITION EDUCATION

Nutrition education is basically a preventive health measure. The Native people (as others) must realize that food is more than something to eat or simply to satisfy hunger. (Ellestad-Sayed, U. of M. Medical Journal). It is imperative that they recognize the relationship between eating well and freedom from disease, being energetic and radiating all around good health. If disease states already exist, therapeutic diets will be necessary and nutrition must move into this area.

Following is a list of topics that should take priority in educating the Native people in nutrition in most communities. The nutrition educator must use his own discretion, however, and address those needs seen in each particular place. The information comes from the interviewees and from observations by the author.

1. Food buymanship

The majority of the Native people in Manitoba live on a low income which is one in a whole web of factors such as language barriers, education limitations, cultural and ethnic differences and stressful family situations that characterize a group which Harris (1982) calls the "disadvantaged". Continuous low income, in combination with the other factors, leads to feelings of helplessness and despair. A present-oriented, almost fatalistic philosophy develops resulting in little planning for the future. This philosophy is probably more common among Natives who have recently moved into an urban environment and those who move between reserve and city than the Natives who remain stable in one community. This outlook on life has great implications for money management, and more specifically for food buymanship. This can be seen in the following common practices among Native families:

- spending the whole monthly or bi-monthly cheque at once; this means there is an abundance of food at the beginning of the month with little at the end. This practice may partially be rooted in the feast/famine tradition of the past.
- disregard for comparative shopping (eg., buying cheaper cuts of meat, or no-name brands of canned foods rather than more expensive counterparts)

- no weekly or monthly menu plans
- no buying in bulk to take advantage of savings, because money has "run out".

Other problems are:

- lack of storage space (eg., freezers, cellars, pantries) in many homes which would limit buying in bulk.
- lack of facility in the English language which makes it difficult to compare brands or get the "most nutrition for your money" (eg., reading lists of ingredients).
- the increase in size of household that comes as relatives move in periodically.
- lack of bookkeeping and budgeting skills. Sometimes management of funds is more of a problem than lack of funds.
- the inability to adapt to the great change in shopping facilities and food availability when relocating from a rural or reserve setting to an urban one. For rural residents, the problem is one of the limited variety of foodstuffs available.
- lack of knowledge of general family nutrition.

These practices and problems point out what facets of food buymanship need to be addressed, and they also reveal the limitations that must be considered. Knowing that some of these practices are followed because of underlying philosophies of the Native people and others because of circumstances beyond their control, should sensitize the educator to the fact that changes may be slow and difficult.

2. Balanced diets

A combination of economic limitations, philosophy of managing money, and apathy results in certain common food and meal patterns. Following are a few examples; a further discussion on current diet is found on pages 11 to 13.

- a meal may consist of only one or two foods (but often plenty of it). In fact, a well-liked food may be eaten during most meals for several days until it is gone.
- the use of many convenience foods which are uncomplicated and quick to prepare (eg., Macaroni and cheese dinners, canned vegetables and luncheon meats).
- "snack" or "junk" foods are popular (eg., pop, doughnuts, chocolate bars)
- eating when hungry rather than following a definite meal structure (eg., three meals a day).

Areas that need addressing:

- importance of eating a variety of foods and the importance of including culturally appropriate foods from the four food groups (Canada Food Guide) in the diet daily.
- consequences of including too many so-called "junk foods" in the diet.
- concept of a "well-rounded" diet and its relationship to health.
- planning menus (avoid pushing something very structured, however).

Having stated the above, it must be added that the educator should not be too quick to change food and meal patterns simply because they are not to his liking. Serving simple meals, if they are composed of basically nutritional foods, is very acceptable. Eating three meals a day with two coffee breaks and a night snack is not necessarily the correct meal pattern. It is important when presenting the concept of the Four Food groups to include foods that are readily available and accepted by the Native people.

3. Choosing Nutritious Foods

The educator should promote the use of land foods and fish, which are unprocessed and provide essential nutrients (unfortunately, fish from some lakes may have high mercury levels and the ingestion of a large amount would be harmful to the body).

For the majority of Natives in rural/reserve areas as well as in the cities, much of their diet will consist of store-bought foods (those in urban areas may depend totally on the commercial food supply, although others bring in game foods themselves or have relatives who do so). An important area of teaching is choosing foods from the shelves that give the most nutrition for the money. (See Food Buymanship #1)

For the people that dwell in rural/reserve areas the choice may not be large, but principles of choosing wisely can still be practiced. A basic knowledge of "good" and "bad" foods and their effects on the body should create a demand for more "good" foods to be available in the village stores (and for non-nutritious foods to be placed in less conspicuous places). Any store manager is pleased to stock the shelves with whatever sells.

For those in urban areas who shop at large supermarkets, choosing well becomes more complex and instruction on how to proceed becomes very important. Those who have just relocated might find the atmosphere bewildering and many foods strange. They should be encouraged to stay with familiar foods at first, and substitutions for land foods which are likely not available in a city store, should be pointed out.

4. Food Preparation

Examples of areas that need teaching:

- diversifying cooking methods (eg., braising or roasting meats rather than only frying and boiling).
- baking their own goods (whole wheat breads, loaves, sweets - to save on costs, simple desserts. Enriching bannock with skim milk powder, cheese or raisins should be encouraged).
- preserving garden produce and berries.
- using recipes. Begin with very simple ones that require basic kitchen equipment and basic ingredients. Teach what to substitute for ingredients which are not available.
- hanging, cutting and cooling game meats (to prevent wastage and encourage safe conditions)
- substitutions of commercially bought foods for traditional land foods.
- use of vegetable oils (instead of relying too heavily on butter and lard).

5. Specific Food Areas

a) Fruits and Vegetables

- encourage wider use of these.
- initially promote the familiar ones. The variety may be expanded (especially for those living in urban areas) but there is no need to promote the more exotic expensive varieties.

b) Milk

- encourage wider use of liquid milk, especially for children.
- encourage use of skim milk powder, fresh whole or skim milk, or ultra heat treated (UHT) milk (if available), which does not need refrigeration before opening.
- increase awareness of other forms of milk that may be ingested, particularly important if liquid milk is not consumed.
- be watchful for lactose intolerance and give suggestions on how to cope with it.

c) Sugar/fat/salt

- caution against excessive consumption of sugar, fat and salt.
- stress consequences of high intake of these items.
- make them aware of all the "hidden" sources of these items.

6. Therapeutic Diets

Work with groups who should be following special diets because of physical disorders. Of special concern are: diabetes, iron-deficient anemia, kidney problems, and obesity.

Address also dental problems and diets for alcoholics.

Individual counselling and follow-up is needed, as well as group teaching and sharing of ideas. Reasons why diets may not be followed are:

- they are not understood (although there may be verbal assent. Explanations should be simple and clear, using visual aids if appropriate. Have the patient verbally paraphrase the instructions).
- It isn't important enough (a deep awareness of how important the "right" food is to bodily health and functions is needed. This is a difficult concept to grasp since results are usually not immediate).

- The foods needed for the diet are not available (there should be great sensitivity on the part of the dietitian or nutritionist who works out the diet plan. If certain foods are not available, alternate suggestions should be made).

The program for dealing with disease-related diets will be shared by the medical team and the nutritionist.

7. Target Groups for Nutrition Education

Instruction is needed on diets for:

- pregnant women. Pregnant teenage girls need special attention. Give possible consequences of a mother's use of alcohol during pregnancy, and stress the extreme importance of a healthy diet during pregnancy.
- lactating women. Stress the advantages of breastfeeding (see page 59 for a brief discussion) and also the importance of diet for the mother. If the mother's diet is inadequate, breastfeeding should not be encouraged.
- infant and preschool children.
- the elderly.

INSTRUCTION

Types and Characteristics of Effective Methods of Education

This section reveals the types of educational methods the interviewees have found to be effective and/or what they believe constitutes a successful nutrition program.

General Principles

An underlying principle that was emphasized by the interviewees was how important it is for the nutrition educator to build trust before he can expect positive results from a program. Native people have a natural reserve until they begin to trust a person. Such trust will develop when the educator demonstrates that he cares enough to learn about the culture and their value system. A number of interviewees suggested that this could only come about if the educator would live in the community to absorb the culture, as well as to work side-by-side with the people to develop relationships and teach by example. Essentially, effective communication depends more on empathy with the Native person than on all sorts of methods and teaching aids. It is also only when an educator knows the audience that he can decide where the focus of the education should be. On the basis of this, about 80% of the interviewees felt that a nutrition program would be more successful if taught by a Native. Trust is already established, the customs and values are known and nutritional needs can more easily be identified and monitored. A few made the point that the Native instructor would have to be carefully trained, but it was also mentioned that if a Native person left the community to be educated, the trust might be broken. This is borne out by Spence (1973) who states that a Native person in a position of authority or prestige may be rejected. Twenty percent of the individuals stated that it didn't matter whether the educator was a Native or not, as long as he was qualified and competent. Most of these felt that if it were a non-Native, he should live in the community, at least for awhile to learn the culture and lifestyle. In establishing and carrying out a program, the educator should work as closely as possible with the local people capitalizing on their skills and knowledge.

Part of building trust is keeping promises that are made. Sometimes in the past, there has been no continuity in programs. Various organizations move into a Native community, instill high expectations and then leave. There must be time for follow-up, as well as more co-ordination of services. One interviewee mentioned that misunderstandings sometimes occurred because the Native person didn't do his part in making the "outsider" aware of the subtleties of the Native culture. Any outside organization coming in should work only with the permission of the chiefs or band leaders; better, yet, have them initiate the program.

The majority of the interviewees agreed that any verbal instruction could be in simple, basic English. Although most individuals under 50 can understand it well enough to absorb the material, a large number would identify better with their own Native language. Some might need interpretation, particularly in the remote, northern communities. It was noted that there were no words in the Native languages for some nutrition terms and certain organs of the body.

The atmosphere should be casual, with low key presentations - nothing too "professional". No individual should be forced to make a change. After hearing the pros and cons, the decision is his. Only when the participant feels comfortable (not threatened) can effective learning take place. A total change should not be expected - any improvement is worth something. A few interviewees mentioned that finally it was up to the people to take the responsibility for their own health.

A nutrition educator should:

- Approach new ideas carefully - perhaps begin with a concept that is familiar.
- Build on the positive - begin teaching on the basis of something that is being done correctly.
- Be aware of foods and equipment that are available/not available before making recommendations (eg., not every home has an electric stove).
- Give information slowly and in a natural progression.
- Assess each group for particular problems and focus on them. It is important to speak directly to the needs of the people, many of which will be those of people of low-socio-economic status.

- Make sure the diet is inadequate before trying to implement far reaching changes.

A number of the interviewees mentioned that it was best to reach the people before they are 30. People under 30 are more receptive to change than older people whose food habits are more rigidly set. Children are reached most easily.

One interviewee was skeptical of the success of any program since resources are so limited. A few mentioned that it would be very difficult to make such an impact that would motivate the Native population to actually change food habits; one stated that it was "impossible".

Specific Methods

Groups

The effectiveness of working with Native people in a group depends on the method of instruction used. The straight lecture method is not well accepted; the attention span of individuals who are not used to sitting in a classroom and listening to a lecturer, is short. In a formal group setting, Native people tend to be quiet and discussions are difficult to initiate. Therefore, instruction must be conducted in an informal manner. Begin a program socially by serving tea and bannock and allowing time for discussion and conversation through which participants can share ideas. The educator can speak to questions as they arise. Such informal discussion is an indirect way of teaching that was common in native communities in the past. During any one session, change activity frequently by using any combination of games, films, discussion, demonstrations, breaks. If a group setting is used, most interviewees felt that the group should be small. Some suggested two or three would be a good number, others felt that anything up to six was acceptable. The Farm Labour Project (Portage la Prairie; see Appendix D) works with groups of 15, but would prefer a slightly smaller number. If women with children are involved in a program, several interviewees mentioned that it was a good idea to provide babysitting facilities.

Various activities can be used in a group to add variety and interest and break up a lecture. The use and acceptability of games and films is discussed in the section on "Resources" (page 63). While it is important to get audience participation, role playing or acting does not go over well. Group games, where there is less individual exposure, should be used instead.

Demonstrations

Demonstrations should be part of a session whenever feasible. Teaching by visual means is very effective. For example, one interviewee suggested using diseased parts of animals to show what will happen to body organs if diets are not followed. (He felt that using "scare tactics" was sometimes the only way to make a point). Showing how to prepare a dish would be another example. Learning by example was very important for the Native people in the past.

Storytelling

Another indirect method of teaching to a group is to use the now nearly lost art of "storytelling". Traditionally, a great deal of important information was passed along within the context of a story, often told by older members of the community. The elders are still respected and listened to. A few of the interviewees expressed concern that vital knowledge will be lost unless they are given a chance to speak and share this knowledge.

Individual Teaching

Many interviewees felt that teaching on a "one-to-one" basis is more effective than in a group setting. Most thought that it was acceptable for the educator to go into the home, if the family were notified ahead of time. In fact, a home visit might even be preferred, since the parents were often too busy to go to an evening meeting. This would also be the best way to deal with people on special diets. The educator should be prepared to pay a number of visits before the individual in the home

feels comfortable. The Community Health Representatives (CHR's) have used this method in some northern communities with success. A few interviewees did not favour this method - they were of the opinion that the educator would not be very welcome in the homes and might be ignored.

Another place where mothers could be reached on an individual basis would be at a nursing station or clinic where individual teaching could be given.

Gardening

Gardening projects were looked on very positively by most of the interviewees who had had any experience with them. Some of the older ones spoke about growing up in families that kept gardens with potatoes, carrots, turnips and corn; root cellars were common. The production and storage of crops was given up over the years and many would like to see it revitalized where soil and climate permit. Gardening is possible in urban areas to an extent and in many pockets in the north (much productive land is not utilized). Greenhouses were seen by a number of the interviewees as a very viable alternative.

The interviewees felt that growing one's own food gave a sense of self-satisfaction, and could be a good beginning for teaching nutrition. It was also a way of getting the whole family involved. Produce could be displayed and tasted at powwows and fairs. Several areas of concern were expressed: lack of follow-up to learn about preserving the produce; lack of storage space (cellars, freezers); little incentive for families to take it up (eg., the money saved is not actually seen in cash; eating fresh vegetables is not linked to good health). One successful gardening project is described in Appendix D.

Cooking

Cooking is seen as an interesting way to introduce a nutrition class for women, or even to provide the main focus for a lesson. Many of the interviewees felt that attendance would improve. Simple recipes could

be prepared in small groups. The instructor would show how to make dishes more nutritious and to expand knowledge of food stuffs and the means of preparing them. One interviewee, who has conducted classes of this nature, mentioned that she often made subtle suggestions and then allowed the participants to take them up (eg., what new food to include in next session).

Cooking could be a natural follow-up for a gardening project or a berry picking spree. Having food competitions might serve as a motivation for trying new dishes or varying old ones. A few interviewees suggested that serving community meals was a good idea: women could cook simple foods, and talking over the meal could become a vital means of knowledge transfer.

Exercise Classes

Many of the interviewees were concerned about the problem of overweight. Some suggested that an exercise program with teaching on diet was needed. This problem was seen as a consequence of a diet high in carbohydrates and little activity. Traditionally, the Native people had to work physically for food and warmth; today many try to expend as little energy as possible. However, the exercise programs that have been tried have not always been successful. Lack of interest and motivation leads to non-consistent attendance. Prizes for the most weight lost, if given every week rather than one bigger one at the end of a course, served to create interest in several groups. For one group, the prize consisted of a basket of fruit - one fruit being donated by each woman attending. They also held a money draw each week, selecting from the names of the women who had lost any weight since the last session (Frances Hall Newsletter, 1982). Some found that the younger women are more interested than any other group. One interviewee also made the point that being "slightly plump" was not necessarily detrimental to health, and losing weight need not be a goal. Plenty of activity should be encouraged, however.

Conferences

Some interviewees felt that a large segment of the Native people enjoyed attending conferences (one to three days) if travel and accommodation were provided. Even if the whole conference did not deal with nutrition, some sessions could be incorporated. Arrangements should be made for children.

Workshops

Workshops could be held within the context of a conference. A member of the Metis Women's Association who attended a conference for Native women in October, 1982 stated that the 65 rural and urban women that she had met had been keenly interested in the workshops conducted there, and many would like to see more on nutrition at the inter-community as well as at the community level.

Again, not all workshops have been successful. The approach described in "Groups" (page 36) is applicable here. This approach includes a variety of activities and a social element to keep up interest. The event has to be extremely well planned and prepared. Attendance will be higher if there is a monetary (or other) reward for being there.

4-H

At least five of the interviewees thought that 4-H programs would be a good medium to teach nutrition. The mothers of the children attending should be encouraged to get involved and thereby would also benefit from the information. The girls would be learning food preparation and homemaking skills that can lay a base for the future when they establish homes of their own. One problem is the dearth of 4-H material available for the north and Natives.

Schools

About 10% of the interviewees believe that the best avenue for nutrition instruction is through the existing school system. The children are there and "have to listen". (It is perhaps debatable whether they are always "listening"). They are also more open to change than adults since food habits are less rigidly established. Opinion on whether this information would filter home, is divided. To build a very strong nutritional base for future adulthood, it would be best for this teaching to come from both the school and the home.

A home economics program at the high school level could also be effective if it were practical and relevant to Native homes. The parents should have input into the content of such a program. Again, even if this information is not carried home, the students are gaining knowledge and skills that are invaluable when they establish their own homes.

A few interviewees were very keen on "survival courses" which could be taught by the school or by some community organization. This would entail taking a group into the bush to learn among other survival skills, how to hunt for food and prepare and cook in the open (eg., stalking deer, making jerky and pemmican, cooking bannock over a fire). Teaching on nutrition could definitely be incorporated.

Special Events

Booths with foods to taste, along with food and nutrition information can be set up in strategic locations at powwows and Treaty Day events. For example, fresh garden produce could be displayed with a poster promoting it as healthy food.

Nutrition fairs have been successfully set up in several communities, often a collaboration of home and school. One was held in Pelican Rapids in the Fall of 1982. Groups of students worked on the different food groups and tables were set up for tasting. Very good participation was reported. A school nurse in Dauphin reports that in March, 1981, the

Health and Nutrition program in the Frontier School Division promoted Nutrition fairs in four communities. The students of the schools prepared projects and displays with various resource people in the community supplementing the students' work (Frances Hall Newsletter, 1982).

A poster contest on nutrition themes has been held for two consecutive years by The Bay Nutrition Program and Medical Services with very positive results (See Appendix D).

Guidelines for Effective Methods of Education

Following are guidelines which have been formulated to aid a nutrition educator in reaching the Native population with nutrition information in the most effective way. To some extent, the guidelines are based on information received from the interviews and therefore certain parts may appear redundant. It is realized that rarely will it be possible to implement all the suggestions in any one community or in any one course. They may be used as appropriate. Many of the guidelines should, however, be used in conjunction with each other in order to work towards the most effective program.

Ideally, nutrition education for the Native population should be carried out by a professionally trained Native nutritionist in each community, together with one or more Native para-professionals. At the present time, there are no Native nutrition specialists in Manitoba and it is not possible to have a non-Native nutritionist in every community. So for the time being, other solutions must be sought. However, the ultimate goal should be for Natives to have total control over their health and nutrition programs.

- Involving Native People

Native people should be involved as much as possible in carrying out nutrition education. In rural areas, this would mean Native people living in their own communities and in urban areas, those who have themselves settled problems of relocating from a reserve or rural community.

1. Employing local people as nutrition educators (which have in the past usually been women) can have a broad and positive impact on both individual client and community involvement (Harris, 1982). Reasons for this might be:

- a. They fully understand the culture and traditions and thus are sensitive about acceptable ways of approaching the people with nutrition education. They see ways of using culture as a link between existing food patterns and new and different ones. They can sense, in fact, how open the people are to unfamiliar ideas and how quickly new concepts can be taught. They know about food taboos and how deeply they are entrenched. In urban areas, they would be aware of the problems that relocation brings, and to what degree Native customs were still practiced.

- b. They can communicate in the Native language as appropriate for effectiveness. They are aware of nutrition needs and can prioritize them.
- c. Living side by side with the people in the community, they are in an ideal position to communicate ideas about nutrition in a variety of informal ways, on a one-to-one basis, which is the way that the ideas will probably be accepted most readily (eg., chatting over afternoon tea about supper plans; showing a neighbour how to use skim milk powder or whole wheat in bannock; going berry picking and identifying edible berries and greens). In fact, simply by being exemplary and practicing proper food habits herself, the Native educator can teach what healthy eating is. Making more formal home visits and contacting homemakers individually is effective; it is also expensive in monetary terms.
- d. She can sense when the need for more formal programs arises, and what the best techniques to use are (eg., small or large groups, afternoon or evening sessions, lecture or film, whether to call a nutrition specialist in).
- e. The Native Nutrition Advisor can, in turn, appoint and train other capable members of the community to help her in carrying out her program.

However, the Native teacher must be trained to serve in this capacity; she must be knowledgeable in nutrition, and have communication and organizational skills. There are several routes whereby this training may be obtained:

- a. By the method that is currently being used in training Nutrition Health Advisors by the Nutrition and Health Program of the Frontier School Division and in training Community Health Representatives (CHR's) by Medical Services. Capable women are culled from the community every few months for two or three week courses in a central location while on-the-job training goes on between courses, supervised closely by a Nutrition specialist, (See Appendix D for a brief description of the Frontier Program).

It is recommended that this type of program be carried on and expanded in order to train more nutrition workers to cover the Native communities and to replace the ones who decide to retire. It is also suggested that a program to train Native women in this way be carried out by one agency, or by several working in close co-ordination. This would prevent overlap, lower financial costs, make sharing of information and ideas among the nutrition workers more possible, and facilitate the organization of workshops for an update of nutrition information from time to time.

- b. It is strongly recommended that a post-secondary diploma course in Home Economics be set up in a central northern location (eg., Thompson or The Pas) through the University of Manitoba, or at the University of Brandon. Such a program should emphasize home management, consumer buymanship, and foods and nutrition, and should be geared directly to the north and/or Natives. Some of the graduates would be interested in pursuing roles such as Home Advisors, Nutrition Health Advisors and Home Economics teacher aides in Native communities, and for others, a strong base would be laid for future home environments with regard to sound food practices and buymanship.
2. Working with the Chief or Mayor of the community in implementing any type of program is very important. As far as possible, let the Chiefs and Council initiate the program, and be involved in planning and setting goals. Farkas (1980) states that they see "white society" as giving too much unasked for advice which is often resented. When the Native leaders see the needs and they set the goals, an interest will develop and there will more likely be continued support. They should, to some extent, regulate the speed at which the program progresses. They could also make suggestions about which members of the community should be trained as Nutrition Advisors. "When a nutrition worker is chosen by local people, the community becomes the promoter as well as the recipient of nutrition knowledge" (Butcher, 1982). If the chief or mayor is totally opposed to the implementation of a Nutrition Education program, the educator should work through the nursing clinic or school and begin very informal teaching in a home setting.

3. Local people with skills and knowledge in certain areas can share this with others. Skills will be maintained and can be upgraded if necessary, and knowledge expanded. Use the elders, who are respected, to speak from experience about former diet and health of Natives. They would also have knowledge of vegetation that could be utilized and of ways to survive in the bush. This could take the form of storytelling, which is a traditional method of information transfer. Couched within a legend, a nutrition principle couldn't fail but intrigue the audience.
4. It would be wise to be aware of who the social "leaders" in the community are and get them interested in new ideas first. They may not be spotted at first glance, but who they are will become evident through observation and skilled questioning. Any change in their behaviour will be noticed and may be emulated.

● Role of the Nutrition Specialist

With Native Nutrition Advisors in the communities, the role of the Nutrition Specialist is as follows:

1. She should work closely with the Advisor in identifying nutrition needs and planning programs.
2. As the one with the "technical knowledge", she should be available to answer questions that arise, and arrange and conduct workshops to expand and upgrade skills, and update and further the knowledge of the Advisor.
3. She should come into the community, as planned with the local Advisor and her aids, to conduct courses in specific, selected areas.
4. She should work closely with the Medical team that oversees the community -- the resident or non-resident nurses, doctors, dentists and physiotherapists. Members of the Medical team can relay health concerns that the nutritionist should deal with (eg., appropriate

diets for dental health, for diseases such as diabetes and cardiovascular diseases, for pregnant teenagers or women) while the nutritionist may spot conditions that a medical professional should investigate.

5. She should monitor food availability in local stores and take steps for improvement if necessary. Although this is not entirely within the jurisdiction of the nutritionist, she is most likely to notice foodstuffs that should and perhaps should not be on the shelves and can discuss these observations with the manager. Ellestad-Sayed and colleagues (1981) state that there should be collaboration between community food outlets and health workers.
6. She should work with the school, encouraging teachers to allot time within the health curriculum for nutrition. She should be available to give a nutrition workshop to the teachers, giving ideas of how to teach nutrition as a subject by itself and how to integrate it into other courses, (eg., making posters for art; studying the digestive system in science). She should be available to come in as a special speaker for the children and arrange for the Nutrition Advisor to collaborate with the teachers in planning nutrition activities (see guideline on Schools, page 57).
7. She should assist the Advisor in contacting resource people from outside the community and to give information on where teaching aids may be obtained.
8. In her role as supervisor over Nutrition Advisors, the Nutritionist must be very familiar with Native culture, customs and lifestyle. Only then will she effectively be able to work with the Advisor in organizing programs and giving advice. Only then will she be prepared to move in and instruct courses herself with a strong effect. This understanding will also help to establish trust and rapport with the Native people. Gaining a knowledge of Native culture as well as past and present lifestyles will mean attending Native events such as powwows, festivals (eg., Trapper's Festival, winter games) and even community meetings, reading books and current Native periodicals, and simply talking to Native people themselves. This will take time; Farkas (1980) states that a person who is not willing to spend this time should not be trying to work with Natives.

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If a Native individual is not available for nutrition education in Native communities as a Nutrition Advisor, a non-Native home economist or nutritionist should move into the community to conduct nutrition programs. If she is interested in the people and their culture and seeks to integrate and empathize, she will be accepted in most communities, although it may take some time (several months or a year). She could, of course, come in sporadically to teach and monitor needs; this occasional contact will not be as effective since informal teaching methods (often carried out on an individual basis) and teaching by example will bring the most long lasting results.

- Language

The Native Nutrition Advisor could choose to do her instruction in the language with which the people feel most comfortable. In northern communities this will probably be a Native language (Cree, Saulteaux or a dialect), and in southern urban areas this might be a Native language or English. For a non-Native nutritionist, English is an acceptable means of communication in most communities since the majority of Native individuals under 50 years of age can understand English if it is simple and concrete. Certain concepts, however, would be more readily grasped and understood at a more complex level if given in a Native language (if it is their mother tongue). Therefore, a knowledge of or fluency in a Native language would be an asset to the nutritionist. When using English, the presentation must be kept simple with a minimum of abstract ideas and technical terms. This could easily result in speaking "childishly" and patronizingly to adults, a situation which must be avoided. Sensitivity on the part of the instructor will be required. For those who cannot understand English, an interpreter may be used. It must be kept in mind that certain words or phrases cannot be translated since there are no equivalent words in the Native language. (eg., some organs of the body; the word "energy").

Oral communication is extremely important since the Native people do not have a long history of literacy (Farkas, 1980). Therefore, considering the low level of reading and writing skills that exist, it is vital that the communication by word is clear, concise and easily understood.

The most effective means of knowledge transfer will be by informal methods. Examples of informal methods of nutrition education that may be used by the Community Health Advisor or a (resident) Nutritionist are as follows:

1. Gardening projects. Working with the people to establish gardens will do several things: provide an excellent avenue for indirect teaching on food and meal patterns, and nutrition (eg., how vegetables may be eaten, why eating vegetables daily is important); strengthen familial bonds since this is an activity that would benefit from total family involvement; help them to see the dignity in work and providing for your own family; give opportunities to achieve and to successfully produce something of real value; reduce the amount of money that needs to be spent on food; provide foods that may not be available at the local store; improve nutrient intake.

Gardening will not be possible in all locations due to climate and soil conditions, but it is possible in the rural south, as well as in places in the urban areas and many pockets in the north. Although initial and up-keep costs are higher, gardening in greenhouses could be considered where outdoor gardening is not feasible.

Although not full-fledged "tillers of the soil" in the past, there is evidence to suggest that many Native families in Manitoba kept gardens into the 1950's. Therefore, gardens are not foreign to their recent culture.

Get the local people involved as much as possible in planning, ordering seeds, up-keep, and maintaining equipment. When there is enough interest, and skills have been developed, they can begin to garden on their own. It is not to be expected that everyone will be equally enthusiastic - some will need a very strong incentive. Begin with a small group and if the gardens are successful, in all probability the group will be larger the next year.

In Manitoba, a few different agencies have moved into communities during the summers specifically to carry out garden projects (see Appendix D for one example). This promotion has been successful and should be encouraged. In such a case, the nutrition advisor or nutritionist in the community should work with the agency.

2. Berry picking should be encouraged and at least initially organized by the Nutrition Advisor. Such an event will: provide an opportunity for indirect nutrition instruction; give the opportunity to speak about past food practices that resulted in good health; allow the Advisor to point out other vegetation that may be utilized; reduce money spent on food; add important vitamins to the diet.
3. Both projects like gardening and berry picking can lead to further projects like preserving (canning, freezing and drying) and cooking. It is important that Native women learn the art of preserving and successfully storing garden and land foods for winter when fresh fruits and vegetables are in limited supply in many northern communities. It must be kept in mind that storage space may be lacking in some homes. It may be feasible to can and perhaps invest in freezers or to dig root cellars to store the tuber vegetables. Little equipment is needed in drying berries and herbs.

Instruction in cooking will: provide a means of nutrition education (eg., importance of eating a variety of foods, balanced diets, foods to avoid and why, importance of milk to diets - especially for certain stages of the life cycle); give the participants ideas on new foods to include in daily menus and on different ways to prepare foods.

Projects such as these will be carried out most effectively in small groups in a home. If the group is larger, a drop-in or community center, or school facilities may be used if available.

Again, involve the participants as much as possible in organizing and in actual cooking. Since interest in such projects is evident, the spin-offs could be tremendous and if followed through, could lead to an understanding of important nutrition concepts and a change in eating patterns. If the mother is involved in the project, her acquired knowledge and skills could affect the entire family.

4. Communal meals can be held in a central location. The women would plan and prepare the meal which would help to develop food buying and meal planning skills. Sharing food at the same table also initiates and maintains interpersonal relationships with friends and kinsmen (Lachance, 1978).
5. Storytelling by elders to small groups could be on the theme of past food patterns and traditions. Folklore cannot teach sophisticated nutritional principles but can be used to communicate simple, specific messages (Singer, 1982). This could serve to arouse an awareness of foods comprising a diet and could serve as a link to further teaching on nutrition.
6. Encourage the use of observational skills, which many Native people possess to gather information. They have been observing nature, man and seasons for centuries in order to survive. Simple recording of events could be used with effect (eg., for gardening - rainfall, early frosts; taking note of what their children eat). Folklore could be explored (eg., signs of a severe winter or an abundant food harvest).

Advantages of informal teaching methods:

1. The Native people will respond to this indirect mode of instruction. Telling someone directly "Do/don't do this" is not part of their culture.

2. Since much of this teaching is on a one-to-one level, various facets of nutrition may be presented as individual needs arise, and when interest is most likely to be aroused (eg., diets for a diabetic, or for someone with lactose intolerance).
3. Nutritional concepts will take on a practicality and be more easily incorporated into everyday life. This is teaching at the "grassroots" level.
4. Informal contact will enable the Advisor or Nutritionist to see what the diet of the Native families in each community is: a necessary step in planning nutrition intervention programs.

Accurate diet histories are sometimes difficult to obtain (see No. 6 "Formal Programs").

5. Will lay the ground work for more formal teaching on nutrition.

Informal teaching programs can and should have clear and measurable objectives as far as possible. Evaluation may need to be more subjective than in a formal program.

- **Formal Methods of Education**

Formal methods of instruction will be beneficial from time to time within the Native communities, but they should be viewed as a supplement to the more informal methods. "Formal instruction" is taken to mean that done in a group setting by one or several nutritionists on a certain prescribed topic. The formal program will crystallize certain nutrition concepts that may have surfaced here and there during informal programs. It will allow the development of these concepts through consecutive sessions whereby continuity may be obtained. It is possible to reach many individuals at one time by teaching in a group setting. Examples of topics for courses of this nature are: prenatal diets and breastfeeding, how to feed your family on a limited income, eating a balanced diet.

It must be kept in mind that programs or courses where people of the community are called together during afternoons or evenings have not been well attended in the past. The number of people that come out initially may be low, but the real problem lies in the fact that attendance for any one individual is very sporadic. Since Natives are essentially a communal people, it is not that they do not enjoy getting together in a group. Rather the reasons for inconsistent attendance would be the purpose of the meeting and perhaps more importantly how it is conducted.

Following, then, are some principles on which to build a course on nutrition for the Native community:

1. Include a social element (eg., begin with tea and bannock or serve it during a break). The Harris study (1982) shows that group teaching was most successful when structured for both socializing and educational reasons.
2. Keep the group small (probably 12 to a group or less).
3. Although the instructor has a broad goal in mind of what she wishes to accomplish during a course, each particular session should be self-contained to accommodate inconsistent attendance and should contain something for immediate use. The objective for each session should be measurable and relevant.
4. Use the lecture method sparingly; intersperse with demonstrations, discussions, games and films. Allow for plenty of active participation by the audience members, without undue exposure to any one individual (eg., group games, handling foods, tasting).

5. Recognize that discussions may be difficult to initiate within a formal group setting. Not many questions are asked and some will not speak until spoken to. This may be true for several reasons: tradition of silence; natural reserve; lack of self confidence; lack of verbal communication skills. The educator should make the participants feel at ease, and refrain from pushing anyone to speak.
6. Keep the use of written exercises to a minimum, especially in such groups where the general education level is low and English writing skills may not have been developed. If used, the exercises should be simple and straightforward and carefully explained. This is true both for games and for questionnaires that are given to gather information about individual and family food patterns. Such information is best obtained through informal methods as described above or an informal discussion within a group.
7. Announce a course through colourful eye-catching posters at the local store and band halls, or in urban areas, use drop-in and friendship centers. Word of mouth is effective. In a rural community, visit the homes, and tell people to "talk it around". Distribute leaflets which simply state the name of the course, the time and place in bold letters.
8. Incentives beyond merely announcing a course may have to be offered. Sometimes there are monetary remunerations (those who attend are paid through a government program), but this is a system we would do well to get away from. Advertise the social component of the program, offer prizes for games, or even for attendance (eg., basket of food, packets of garden seeds, colourful posters). Provide babysitting facilities and if transportation is a problem, make appropriate arrangements.

General content of formal nutrition programs:

1. Speak to priority areas first - this will differ from one community to another. Some areas of nutrition that Native communities generally need teaching on are given on page 28 to 33.
2. Keep limitations in mind (eg., food, home utensils and equipment, income, education levels see page 18). We cannot expect anyone to move towards bettering a situation if it is not within their ability to do so.
3. Be sensitive to customs and traditions (see pages 19 to 25).

Work on modifying the diet rather than on totally changing it (eg., progressively cut back on amount of tea given to a child rather than total elimination). What appears to be the most successful approach to modifying food habits is to introduce small changes in diet while reinforcing the present good food habits. Great sensitivity is needed when advocating any change - if a food pattern is not nutritionally harmful, it should not be tampered with.

A course of nutrition instruction should be followed up. Needs may have surfaced that should be dealt with either through future group sessions or on an individual level. An evaluation of the effectiveness of the course should be done, probably best carried out by the resident Nutrition Advisor on an informal basis.

• Special Diets

The nutrition programs should basically focus on preventive care, but such conditions that exist because of poor nutritional care must also be dealt with.

There should be careful monitoring of individuals in the community who are on special diets (eg., for diabetes, renal failure). Those with the same medical conditions could meet in groups to discuss problems and lend moral support. This responsibility could be shared by the Nutrition Advisor and the nurse.

● Radio and Television

Local radio and television stations could be used to air short nutrition programs on selected topics. These could be prepared by the Nutritionist together with Nutrition Advisors of several communities and the same script sent to each community where it could be translated if desired, and presented by a local person. While television appears to be the preferred medium from which to receive information, it is less accessible than radio and programming is more expensive to produce; both are popular and could reach a large number of people. Timing is critical for airing programs; when is a program most likely to reach a large part of the target group?

Another type of program that is usually popular is an "Open-line" radio show. Listeners could phone in to ask questions of a nutritionist. If this originated from a northern station, the questions would be pertinent to much of the listening audience. Radio and television are also effective when used as an aid to other education in the community and as such are discussed under "Resources".

● Working with other Agencies

It must at all times be kept in mind that poor nutrition for the Native population is only one of a host of socio-economic problems (eg., unsanitary water supply, unemployment, inadequate housing, discrimination). If nutrition education is done in isolation, it will probably have very little impact. The nutrition educator must move ahead with her program; however it should run parallel with the work of improving other conditions. As far as possible, the nutritionist should work together with other agencies who are trying to effect such improvements.

- Teaching Nutrition Through the Schools

Teaching nutrition in the schools can have an effect on the home. Teachers should be encouraged to utilize the time allotted for nutrition within the health curriculum (presently this stands at 3% of the Health Curriculum for grades K-3, 4% for grades 4-6 and 5% for grades 7-9). One cannot depend on children carrying nutrition information home, but special events such as nutrition and science fairs, tasting parties and poster contests can bring the parents into the schools.

In at least one large school in northern Manitoba, a Community Health Representative (a member of the local community) is teaching all the nutrition. This is an ideal arrangement since she has contact with both home and school and can speak to nutrition needs where appropriate. However, it must be stressed that any lay person who is attempting to teach nutrition in schools or in the community must be capable and qualified to do so. Therefore, although this arrangement will not be practical in many places, certainly the CHR's and other local individuals can be valuable resource people.

Home Economics programs in schools can be a vital part of nutrition education in the community. The programs should be geared to local needs, taking into account Native culture and customs. Parents could be involved in planning, and perhaps some sessions could be open for mothers to attend.

Even if a limited amount of nutrition information filters into the homes, this information is being planted in the minds of children and young teens. They are more liable to change food habits than adults are. Some may pursue study in the field of nutrition and come back as professionals to work with their own people. For some, it will mean carrying proper food practices into the future and using them when they establish their own homes.

- Displays

An effective means of reaching a large segment of a community is by setting up a display in a public place. A booth made attractive by large colorful posters could be set up at special events such as powwows, festivals, treaty

days. Booths could also be set up in places like community halls, Friendship or family centers if there is a great deal of traffic, or in shopping malls in urban areas (eg., Otineka Mall in The Pas). Free materials and food samples could be given out, demonstrations carried on (eg., a new cooking method for moose meat; ways to use vegetables), and displays laid out (eg., specimens of wild, edible plants; different forms of milk). The whole booth could be centered around a theme.

Using Native Traditions

It is suggested that the Native traditions and lifestyle in the past be used as a springboard for teaching nutrition. As has been discussed under "Traditional Diet and Health", the Native population was in a good state of health before the influx of Europeans into the Americas, a situation partly attributable to a natural diet that met all their nutrient needs. Recognition of this past situation by the educator can be a positive way to begin a nutrition program. As well, the nutritionist will stress that the return to eating land foods (game and natural vegetation) would result in better health. Not everyone will wish to go back and adopt traditional food habits, and indeed this is not possible nor practical. The harvest would simply not satisfy everyone's needs, many skills have been lost, other jobs leave little time for pursuing a subsistence type of life, and those living in urban areas, of course, are cut off from the resource base. However, even learning about the ways of their forefathers in a positive fashion can do much to restore faith in themselves and their race.

For many Native families in rural areas, some part of their diet could and should come from the natural environment. To what extent the land and lakes around them can be utilized will depend on prevalence of game animals and fish, as well as existing laws and in some places the levels of toxins. The nutritionist should strongly encourage the use of indigenous foods in the diet inasfar as is feasible. While total dependence on these foods will in most cases not be practical, she should provide tools that allow for a healthy compromise of cultures (e.g., choosing wisely from store shelves and supplementing the diet with land foods and fish).

The incorporation of at least some land foods and fish in the diet will do several things: increase the vitamin base and improve health, decrease reliance on local stores, provide gainful employment for those on social assistance, and help to give back dignity (Berkes and Farkas, 1978, Schaeffer, 1977).

Within this context, too, breastfeeding should be encouraged. This was the traditional method of nourishing infants and meets all nutrient needs (with the exception, perhaps of vitamin D) and gives protection from disease for babies for at least six months. It also has other advantages such as promoting a close relationship between mother and infant, decreasing feeding costs and convenience (Manitoba Department of Health, 1982). Support for breastfeeding should come both from the clinic nurse and the nutritionist.

"Survival" courses could be organized for younger people in the community who have an interest in traditional lifestyle. Skills, such as those needed for hunting and trapping game and identifying plants would be developed. This approach might result in adopting some of these foods for the daily diet.

Such courses could be implemented by the local school or a community organization.

RESOURCES

Types and Characteristics of Effective Resources

This section will describe the types and characteristics of teaching aids that have been found to be effective by the interviewees in educating Native people or those that they believe would be effective. Not all the interviewees work in the field of health and nutrition. (eg., Directors of Lifeskills or Relocation Programs) but it may be assumed that a resource that is effective in helping to impart knowledge in one area could well be effective in another area. In most cases, no official evaluation was carried out; that the resource is effective is the subjective opinion of the interviewee whatever criteria he/she uses for the evaluation. As well, in a number of instances, the author field-tested a resource. Again, opinions differ widely on many issues since each interviewee speaks from his/her own unique context.

General

With few exceptions, the general consensus was that there is a great need to develop nutrition resources especially for Native people. Existing materials present too much information at once with too many words, are not visual enough, and seem oriented to a southern middle class white society. Information seems more important to the Native, and suggestions are more readily applied if a material has been produced with the Native lifestyle in mind and with illustrations depicting Native people. Some teaching aids are being used "as is", even if not entirely appropriate, with various degrees of success; many are adapted by instructors for use with local groups around the province.

Teaching aids should be very visual, but a few interviewees made the point that this does not mean "childish". Some prefer materials that are done in bright colours - others are wary of anything too flashy.

Two interviewees felt that resource development should be aimed at people with low socio-economic status which would include a large percentage of Native people, and several were of the opinion that resources should be

developed for the north in general, rather than for Natives specifically. Eight percent felt that resources should be developed for all groups of non-English origin, with illustrations showing a mix of nationalities. It was reported that a few Native individuals are embarrassed at being singled out as a target for attention.

Among the 90% of interviewees who advocated resource development aimed at Native people, there was wide disagreement about the language that these materials should come in. This is probably the case because opinions differ on how prevalently the various Native languages - both written and syllabic - are being spoken and read within different geographical areas and within different age groups. If there is a common thread, it would be the following: aids should be produced in the English language since there are too many Native languages and dialects for only one to be used. If one were chosen, only a small percentage of people would be reached. Most of the older people (over 55) speak in their native tongues much more fluently than in English and in fact, some cannot speak or understand English at all. However, the majority of individuals in "young Native families" speak and understand English well enough to benefit from materials produced in that language. Some of those below the age of 25, are not even familiar with a Native language and even if they can speak it, many do not know how to read or write it. More Natives in urban areas would be fluent in English than those in the remote north or in rural areas. While many interviewees conceded that developing teaching aids in simple basic English would be the best route to follow, the aids would be more effective in the Native language.

There should definitely be Native input in planning and carrying out resource development since Native people are most aware of needs and the most acceptable ways to start meeting them. Materials should be produced with a high standard of excellence in content and printing.

Printed Materials

Pamphlets and booklets appear to have limited acceptability unless certain criteria are met. Many existing ones do not contain relevant information, and too many words are used to convey the message. Since English is not the first language for most Natives in young adulthood, and a large number

are not "great readers", the pamphlets are simply thrown away. The majority of respondents felt that printed materials could have some effect if they were very visual with the number of words kept at a minimum. Most agree that illustrations should depict Native people, and should, in fact be done by a Native artist. For a few, it was very important that the artwork should be of "top quality". Cartoons and stories in pictures (comic book style) are popular and could be used to present information. The language that is used should be simple, not containing technical, highly scientific terms. The pamphlet "Good Food for Your Family" produced for Native people, has had favourable response, although the artwork has been criticized by several and the X over "foods not as good for you" is seen as too negative by two or three.

Posters are a better alternative to pamphlets, since they are visual, and the message may be caught in a moment if the illustration is good. If a poster is colourful and attractive, some Native women like to use it on their walls at home. This is an excellent idea, especially if the poster outlines a special diet that some member of the family is following. Several dietitians and nutritionists report that the "Good Health Eating Guide" - a diet plan for diabetics (see list of Resources page 83) - is used in just such a way. Another one that seems to have been met with an enthusiastic response is "Good Food for Your Bodies", a food guide for Native people (see list of Resources page 91). While many Native women in the home and individuals working in Native organizations were not aware of an alternative to Canada's Food Guide, the idea drew very positive reactions. Most preferred the Native Food Guide, showing foods like wild meats, berries, and bannock to the regular one.

Paper and pencil quizzes have not been found to be very useful, perhaps because writing skills are needed as well as reading skills. They have not been extensively employed as aids.

The Nutrient Bar Graphs for Native Foods, newly published, (see list of Resources page 83) are seen as a potentially effective tool by some nutritionists. However, several interviewees, working in the field of

education felt that the graph was not well understood, and the Native Bar Graphs could be most appropriately used with those who have had four or five years of exposure to nutrition education.

There appears to be a need for recipe books produced with the Native family in mind. Included in such a book should be simple recipes, using basic ingredients easily obtainable even in remote communities, and basic kitchen equipment. (Beware of gadgets such as blenders and food processors, whisks and woks). Recipes using wild land foods and fish should be included. A few recipe collections for Native families have been produced, but they do not seem to be circulating and none appears to be a practical, all-around, relatively inexpensive family cookbook. To what extent recipes are used by Native mothers in the home appears to differ widely from one location to another. Some respondents stated that recipes are never used, others say that the women, especially the younger ones, are very interested in cooking and would use more recipes if they had them. Opinions differ because educational levels, accessibility to various foods, household size, individual home situations among other factors, would determine the degree of interest in using recipes.

Written materials should be produced in English to reach young Native families, or those individuals below 55 years of age. Many, however, would be more interested to pick up material written in a Native language - they may not be able to read it any better, but they identify with it and it makes them "feel proud". A small percentage of the interviewees are convinced that resources should be printed in a Native language, especially for the elders, many of whom cannot read English. They could pass information on to others (see also section on "General" page 61).

Games

Games are a highly acceptable resource, since they are usually "fun", and yet can be a great learning tool. Prizes add an extra incentive to participate and win. The "Grocery Bag Game"¹ for example, is often used and well-liked. Participation in group games varies - sometimes they are

difficult to initiate. Table games, patterned after familiar ones (eg., Bingo) are played enthusiastically.

- ¹ Brief description of Grocery Bag Game - Each member of a group picks foods (empty cartons/boxes) from a large bag and places them in the correct food group. The food groups are marked in colour on a large sheet of paper or fabric which can be placed on the floor.

Films

A large number of the interviewees felt that Natives responded well to films that were used as teaching aids. Most of the nutrition films, however, were paced too quickly and presented too much information. Those with an element of comedy were liked best; two examples (mentioned more than once) were: "For Tomorrow We Diet" and "Food: More For Your Money", (both available from the Home Economics Directorate, Winnipeg). When a film showing Native people was viewed, interest was heightened and it was enjoyed more. About 10% of the interviewees said that films (at least the ones they had used) had not been effective. People "were bored". There could be a variety of reasons for this reaction (which need not implicate the medium itself): lack of understanding because of rapid presentation of information or because of language, irrelevance or inappropriateness of content, or lack of identification - some of the films used were "outdated".

Slide/Tape Shows

The opinions on the usefulness of slide shows ranged from "not useful - too slow" to "good - keeps attention well". Many of the interviewees felt that the effectiveness was definitely increased if Native people were shown. Those who had showed "Milk for Your Baby" (see list of Resources page 89) to a group of women stated that the reaction was positive. Sometimes slide shows could not be utilized because the equipment was not available.

Television/Radio

At least half of the interviewees felt that using television and radio to carry nutrition information was an excellent idea - perhaps even the best way to go. These media are turned on in the homes often "from morning to night". This is true, especially for television; everything is watched, whether carefully listened to or not.

Guidelines for Developing Effective Resources

Based on the data collected from the interviews, and on the author's observations and investigations of existing resources and their effectiveness, the following guidelines are given for developing resources that may be used effectively in Native nutrition education. It must be kept in mind that these guidelines include many generalizations and will not be equally pertinent for all groups in the province.

● Existing Resources

1. All existing materials that have been developed for Native nutrition education in the province should be available from one central location (eg., Home Economics Directorate). At the very least, there should be a comprehensive list documenting these materials. As new ones are developed, by whatever health organization, these resources should be added to the pool. This amalgamation will facilitate the search for aids by educators, and prevent duplication.

It would be useful for one individual (or a committee) to have jurisdiction over these materials. This person could periodically send a newsletter to all educators involved with Native nutrition to give information on new resources that have been published/produced for Native people or ones that could appropriately be used.

2. One thing that should not be overlooked is that some existing materials can well be used as they are with Native people, particularly those produced for low income/disadvantaged families. Many can be adapted with minor adjustments, rather than beginning a new resource, an approach which would lower production costs. Adjustments would pertain mostly to written materials and might be: eliminating or abridging written content, making the aids more visual, or changing a picture (eg., showing bannock instead of bread). (The Basic Living Skills Package Program [1982] [see page 83] contains many examples of this nature. Another example is a series of booklets on various foods/food groups published by the Home Economics Directorate in 1975, 1977 and 1980. Each booklet, which is about eight pages in length contains simple hints on buying, storing and cooking the food).

● Native Involvement

There should be Native involvement in all stages of resource material production. This would be particularly important in producing major pamphlets, booklets, and audio-visual aids. A planning committee for these should include nutritionists, Native Community Health Advisors and other health workers who deal with Native people. There are many fine Native artists who can be utilized (see Resource list page 94). Natives can more readily identify needs in their own communities that should be addressed than "outside" people can and have knowledge of how to present such information to capture interest.

A resource should always be tested with Native people before it is published. Ideas that look well on paper may not "work" at all, certain words or phrases may not be understood or a picture might be offensive.

● Production Personnel

The writing personnel, artists and photographers, that are employed should be capable of producing top quality work. For printed materials, the type of paper and number of colours used, and the amount of artwork put in will depend on the purpose of the material (eg., if it is a tear sheet to be widely distributed, the quality of paper and artwork would be lower than for a poster which is used more discretely and yet will be seen by many people). Generally, materials should be as attractive as possible within the working budget.

● Use of Resources

The resources developed should not be difficult to use, that is, a great deal of equipment or a long list of complicated instructions should not be required. Many of the Native communities are remote places where the amount of equipment may be minimal. Some of the resources will be used by Native educators whose ability to read English may be limited.

● Topic Areas

The topic areas that should be given priority in producing resource material would be similar to the topics as prioritized for education on pages 28 to 33. Resources are needed on: food buymanship; balanced diets; food preparation and specific food areas such as fruits and vegetables, milk and sugar; therapeutic diets, especially for diabetes and iron deficiency anemia; breastfeeding.

Materials should be aimed at people of low socio-economic level -- the "disadvantaged" (Harris, 1982) with limited income, education and understanding of English. At the same time, the Native culture and particular customs must be considered.

● Written Resources

Written materials will be of little use unless produced with great care. If the budget is tight, English should be used in order to reach as many people as possible in the 50 and under age group. Most are capable of reading some English although, as has been noted, their history of literacy in the English language is short and reading and writing skills are not highly developed. If the budget would allow, the translation of some materials on particularly pertinent topics should be considered (eg., balanced diets for families; diets for diabetics), especially in the Cree and Saulteaux languages, using the Roman alphabet. Some would find them easier to read and a large segment would respond to them better because they were written in their own language; they would recognize that the materials had been prepared especially for them.

1. Pamphlets/Booklets

The following pointers should be applied in producing pamphlets/booklets:

- the material should be very visual. Depict things "Native" - foods, people. Show individuals in exemplary roles - everyone responds well to seeing themselves in a positive way.

- make the material attractive and fairly colourful.
- use a minimum of words and keep them simple (avoid the use of scientific or technical terminology). However, the material should still be adult oriented.
- use the same terminology throughout one publication. (eg., "healthy" foods should not become "good" foods.) - Cartoons are popular and should be utilized since they combine pictures and humour to which most people respond, and can convey important messages. "Stories" can be told in picture-book style. Pamphlets should be distributed discretely. The nutrition educator should go through the pamphlet with the receiver(s) before handing it out.

2. Individual Sheets

One page sheets are a good alternative to pamphlets. They can provide a considerable amount of information and are cheaper to produce. If visual, they may be used as posters (see page 71). The same principles that apply to developing pamphlets/booklets would apply to developing sheets. One study also points out that distributing small leaflets or announcement sheets is the most effective means of spreading information about courses to be held for low income groups (Harris, 1982), but literacy level would need to be considered.

3. Recipe Books

There is need for a basic, practical family recipe book produced with Native people in mind. ("The Nutrition Health Advisor Cookbook" which is to be published in spring, 1983 may partially fill this need. See Resource list page 86). It should include: simple recipes using land foods (eg., moose, fish, berries); tips on shopping and storage; suggestions for balanced meals; list of substitutions (for foods not available in stores in remote areas, for land/lake foods; eg., beef may be used instead of moose, or one type of fish substituted for another); ideas on ways to prepare fresh and canned vegetables, as well as wild and commercially bought meat. Measurements should be in both imperial and metric units at this point in time.

Again, this book would not necessarily go to every Native home - only into those households where interest was shown. Likely the younger, more educated women would be interested. This book, could however, be an important resource guide for the nutrition educator.

An alternate plan is to develop recipe sheets as needed, which could be used at group sessions. Participants could pick up only those they were interested in. This approach would allow for testing and response to the material. When enough useful recipes/sheets of tips, etc. had been developed, they could be compiled into a recipe book and published.

4. 4-H Material

It is recommended that 4-H material, of which the subject of foods is an important part, should be developed for use with Native young people, especially for those in the north. The project manual that was formerly used, "The Indian Way of Life" (Manitoba Department of Agriculture) could be revised and expanded. Some of the western provinces have developed good materials which could be reviewed and used for ideas.

5. School Health Curricula

It is recommended that special sheets be developed that could be inserted into the new Health Curriculum presently being piloted by the Department of Education, which would give ideas on how the material could be adapted for use with Native children in the schools. This would ease the load of many northern teachers who are doing adaptations on their own. The same thing should be done with the teacher's guide to nutrition education, "Food for Thought", published by the Home Economics Directorate.

● Posters

Posters can be an excellent resource, since they are visual. If the illustration is well done, it can communicate a vital message by a glance from the viewer. Also in favour of posters is the fact that

they are seen again and again and the message is strengthened. Native people in natural home environments and Native land foods should be pictured (as appropriate for the topic). The wording could be in English, in a Native language, or in both. Nutrition posters can be employed in several ways:

1. In public to communicate a nutrition message in the shortest, most effective way possible. They can be hung in drop-in centers, nursing centers and community halls.
2. As teaching aids during a group session (or individual teaching). Examples are: the Food Guide; diagrammatic drawings on the digestive system, organs of the body or the progress of dental decay; illustrations of well balanced meals; "good" and "bad" snacks.
3. To announce a nutrition program. The same general rules in producing posters should be applied in producing these.
4. Small posters (40 cm X 30 cm or even 21 cm X 27 cm) should be produced for home use. They can be pinned up on walls or refrigerator doors and act as constant reminders, illustrating topics like: specific diets, the food guide, basic food storage tips and ways to cook vegetables.

- Food Guide

It is recommended that a Food Guide for Native people in Manitoba be drawn up, colour coded with the regular Canada Food Guide. It should depict both land and lake foods that are commonly eaten and available, as well as commercially bought foods to be had in the north. This should be produced in poster style, and in tear sheets for distribution, with the Canada Food Guide on the reverse side. A number of excellent ones have been published and with minor adjustments could be put to wider use (see Resource list, page 91 ; see also Appendix E for a sample of the Guide put out by the Department of Education for use in the classroom - "Good Food for Your Bodies").

● Newspapers

Many communities publish their own newspapers, reporting local events and carrying articles of local interest. (eg., The Swampy Cree Tribal Council in The Pas publishes "Muskago Achimowin", mostly in English, which goes into five surrounding communities). The nutrition educator should consider this medium as a resource that may be used to carry short articles, tips or cartoons on nutrition, and make public service announcements. The papers reach into most homes, and in many cases space can be obtained free of charge or at a minimal cost. The language used should be the one to meet local need. A list of newspapers and magazines with Native content published in Winnipeg is given on page 95. Some of these would also be willing to carry articles on nutrition.

● Games/Questionnaires

It is recommended that table games be developed for purchase by communities or schools or as part of a lending library. They could be patterned after games that are popular, and should take Native lifestyle, customs and food into consideration. Some games have been drawn up by localized groups on the theme of foods and nutrition and are found to be effective teaching aids. Examples of games that have been used as models are: Monopoly, Snakes and Ladders, Bingo and Playing Cards. Others could be adapted as well. These should be mass-produced on durable paper.

Many group games need little equipment or such that is easily obtainable. A list of food/nutrition games that would be suitable as teaching aids for Native people should be compiled and available as a resource for educators.

Paper and pencil games, quizzes or questionnaires are not very useful. However, there may be times that an educator will wish to use them; for example, for a pre-test, or for testing the grasp of a concept. If such materials are produced, they should be very visual, and set up so that a minimum of reading and writing skills are

necessary to complete the exercises (see Appendix E for two examples). Evaluation can often be done, however, by the use of group games or through formal/informal verbal exchange.

● Audio/Visual Aids (A/V)

Audio Visual Aids do not replace people. One's own presence - body and mind - is the best A/V aid there is. A/V media can, however, be very effective aids by stimulating interest, re-emphasizing a point and imparting information in a graphic way.

More people may need to be involved in production of A/V aids than in written materials and costs are often higher. Planning will involve careful investigation of the benefits of the aid measured against the costs, as well as what degree of sophistication and quality is desired and necessary to communicate the message effectively. A general tip is the more that is done locally and the less complicated the equipment needed in production, the lower the costs will be.

There are several non-profit studios in Winnipeg that produce Audio/Visual programs free of charge (with some limitations):

Film Services
Department of Health
Main Floor 880 Portage Avenue
Winnipeg, Manitoba

Department of Agriculture
Communications Branch
#307 Archives Building
201 Vaughan Street
Winnipeg, Manitoba

Red River Community College
Educational Television Studios
2055 Notre Dame Avenue
Winnipeg, Manitoba

A large part of their time is taken up with production for their own department, but they do work for outside agencies as time allows.

Sometimes can take up a minimum number of jobs - it depends on the personnel available.

1. Radio

C.B.C. radio signal under the name of "North Country" covers most of central and northern Manitoba and reaches the majority of homes. Public service announcements and short messages can be aired free of charge. Thirty second spots on nutrition could be aired daily since repeated messages are effective. Educators could negotiate with the station on a series of longer programs, each perhaps five or ten minutes in length. The script should be prepared by a nutritionist, and preferably read by a Native person in the English language.

Several centers in the north have radio stations that produce more localized programming (see list of Resources page 98). Scripts could be prepared by a nutritionist with the help of Native individuals in a central location, and sent to northern stations to be read by a local person. A Native language could be used if most Natives in the particular area speak the same one. Not to be overlooked is the importance of using this media to announce dates of nutrition courses, fairs or film nights. A good idea might be to run a series of nutrition spots to arouse interest in an upcoming course. An open line program focusing on nutrition would be a good way for the nutritionist to become aware of concerns people have, as well as be a means of education.

2. Television

This is a more popular media than radio, but not as accessible to nutrition educators. There is no C.B.C. TV equivalent to "North Country". Television stations are located in Brandon, Dauphin and Riverton with a minimum of Native content.

The director of the program "Woodsmoke and Sweetgrass" aired by CKY Winnipeg (see Resource list page 98) is very open to incorporating some nutrition programming.

3. Slide Tapes

These can be an excellent resource. Although films move more quickly and tend to be better "attention grabbers", they are also much more expensive to produce. An attractive set of slides of good quality

with a tape to accompany it can be produced for a reasonable cost. Advantages of the slide tape that make it an effective resource for Native education are:

- it is visual and colourful.
- slides can (and should) show Natives where suitable.
- the tapes can be produced in several languages to go with the same slide set. The language appropriate for each community can be used. Even if the script is in English, it should be read by a Native person. Again, language should be simple, and technical and abstract terms should be avoided. Parts of the show that are not understood initially can be repeated and individual slides can be discussed.
- individual slides can be updated with a minimum of cost.
- the equipment that is needed is not large and may be packed relatively easily for shipping. The slides and even a cassette tape recorder can be carried in a suitcase. A slide projector may not be standard equipment for every community, but certainly most schools would have one.

4. Films

Films are popular with the Native population and have been used effectively as an aid in nutrition education. However, many of the existing films on foods and nutrition are aimed at suburban middle class whites. We would expect that a film that showed Native people in positive roles, moved slowly enough for the message to be communicated, and addressed issues relevant to the Native population would serve a vital purpose.

However, films are expensive to produce (eg., A very simple 8 mm, 30 minute film of mostly "stills" could run well in excess of \$25,000). Very careful planning would need to be done before such a project was undertaken. Areas that should be addressed first are: diabetes, prenatal nutrition, food buymanship, relating health to diet. To reach the most people for the cost involved, English should be the language used.

An alternative for nutrition educators is to choose carefully from films that are currently available and follow them up with discussion and clarification if necessary.

5. Filmstrips

Filmstrips combine some of the features of both films and slide shows. Essentially they are a series of still drawings or photos on frames of 35 mm film combined in a continuous strip. Usually they are accompanied by sound on tape or record.

Some positive features:

- can be fast-moving and catchy.
- tapes with various languages can be produced for one filmstrip and used as appropriate.
- are lightweight and therefore easy to store and ship.

One would need to be sure that the equipment - a projector and tape player - were available before making plans to show a filmstrip. One disadvantage is that frames cannot be updated without reshooting. A professionally produced filmstrip with a sound track running for 10-15 minutes will cost \$5,000 - \$6,000.

6. Video Cassette Recorders (VCR)

Where a video screen is available it can be used with a program tape on nutrition as part of a group session. Larger schools would be the most likely to carry this equipment.

Some advantages of using the video are:

- tapes can be produced in Winnipeg with input from several Native communities, both in planning and in actually being part of the program.
- audio tapes can be produced in several Native languages and used with the same program.
- Costs of production can be kept fairly minimal (if free sound studios are utilized; the persons that are involved in planning the program and appearing on it might need to be hired at a cost).

One disadvantage of producing video/cassette programming is the lack of equipment in many communities to run it. As this becomes a more popular resource in the future, money put into video production would be well spent.

7. Aids to Use With Lectures

Not to be forgotten as aids to a lecture are the chalkboard, flipchart and overhead projector. All should be used for emphasizing and illustrating salient points.

- Speakers

Local people from the communities can be a very valuable resource. Elders are respected; they can speak on cultural heritage and spark an interest in traditional food ways as well as impart wisdom on the use of herbs and wild vegetation. This can serve as a bridge to the discussion on present-day diets.

Other people in the community with special skills and knowledge should be utilized.

LIST/EVALUATION OF EXISTING RESOURCES

This section includes a list of resources available in Canada (with one from the United States) that have been produced for Native nutrition education, and a brief evaluation for each. Although an effort was made to document all existing resources, the list will not be comprehensive.

Key -

- I - for instructor's use
- P - used by participant
- I/P - useful for both instructor and participant
- * - Samples given in Appendix E

PAMPHLETS/BOOKLETS

Name	Content/Evaluation	Address
I Understanding Diabetes A Guide for You and Your Family Mae Katt 33 pgs.	Guide for CH workers to teach Native people about diabetes. Simple clear explanations, yet presents alot of information. Geared to Native lifestyle and diet. Illustrated. Very useful resource.	Wendigo Paramedic Health Team 44 South Algoma St. Thunder Bay, Ontario P7B 5E3 (\$5.00)
I/P Diabetes, what's it all about? Support your feet - they support you. What happens when I'm short of insulin is... Food becomes you The positive and negative side of urine The ups and downs of glucose when you exercise You and diabetes when you are sick The long and the short of glucose	- prognosis of disease, symptoms and risk factors. - care of feet for diabetic - how to give own insulin shots - diet for a diabetic - how to self-test urine for signs of diabetes - pattern for exercise - administration of insulin, and diet during illness - explains hyper and hypo- glycemia and remedies	Indian Diabetes Education Program Health Education Proj. Hennepin County Medical Centre Minneapolis, Minnesota 55415 U.S.A. (other good material on Native health and nutrition is avail- able from this center)
P Good Food for Your Family (1979)	Information on Four Food Groups, foods not as good for you and snacks. Includes wild/native foods and foods commonly available in north - game, bannock, canned foods. Very pictorial - minimum of words. Artwork could be improved. Valuable handout.	Home Economics Directorate 880 Portage Ave. 2nd floor Winnipeg, Manitoba R3G 0P1

PAMPHLETS/BOOKLETS Cont'd...

Name	Content/Evaluation	Address
P * Are You Having a Baby?	Produced for pregnant women. Presents foods in four food groups, foods not good to ingest, and wise snacks. Also a few pertinent comments on the importance of milk, alcohol usage and iron supplements. Includes wild/native foods. Lots of colorful illustrations (perhaps somewhat too flashy). Printed text kept at a minimum. Effective resource.	Home Economics Directorate 880 Portage Ave. 2nd floor, Winnipeg, Manitoba R3G OP1
P * Breastfeeding for a Healthy Baby (1981) English Ojibway/Cree Syllabics	Outlines in simple terms the benefits of breastfeeding and importance of preparation during pregnancy. Good illustrations showing native people. Very positive approach.	Nutrition Services Northwestern Health Unit 15 Ocena Ave., W. R.R. # 1 Kenora, Ontario P9N 3W7 (fee .05¢ each for distribution outside N.W. Health Unit district)
I/P Breastfeeding for You and Your Baby (1981) 13 pg.	Information booklet complete with instructions for breastfeeding and solutions to problems which may arise. Fairly detailed, would answer most questions. A good knowledge of English required to read it. Not geared directly to Natives or north - no mention of wild/native foods or those available especially in north. Scantily illustrated.	Nutrition Services Northwestern Health Unit 15 Ocena Ave., W. R.R. # 1 Kenora, Ontario P9N 3W7 (fee 20¢ each for distribution outside N.W. Health Unit district)
P Snacks, Snacks, Snacks (Mechisoiisi) (1982)	Snacks are listed in four categories - Juicy, Crunchy, Thirsty, Hungry Attractive - illustrations show Natives Food lists do not include land/native foods except bannock	Gail Marchessault Medical Services Br. Manitoba Region National Health and Welfare 500-303 Main St. Winnipeg, Manitoba R3C OH4

PAMPHLETS/BOOKLETS

Name	Content/Evaluation	Address
P Having a Baby? Eat Well Now (May be used with poster "Having a Baby? Eat Well Now")	Recommended daily diet for pregnant woman, a page on foods "not as good for you" and one on wise snacks. Extra tips for taking milk. Foods are not in food groups, - would clarify concept if they were. More foods available specifically in north could be included (eg. canned fruits/vegetables) Illustrations show Native women.	Northern Continuing Education Div. Dept. of Northern Saskatchewan Box 5000 La Ronge, Saskatchewan
I Full Circle Series 4 booklets - 3 pertaining to Food and Nutrition - Food (16 pgs.) Health (28 pgs.) Gardening (20 pgs.) (adapted from material published by the Tribal Sovereignty Program - California)	Booklets give good information in a variety of ways (lists, journal articles, project reports) plus many further references suggestions. Attractive format and excellent illustrations. Some American content (about American tribal groups). Emphasis on natural foods, organic gardening and wholistic medicine. Approach is not always practical. "Food" explains role of nutrition, advocates a return to traditional diet, speaks about a possible relationship between diet and crime, and gives information on making own baby foods. "Health" - discusses health of Natives today and years ago, speaks about traditional Indian medicine, herbiology, home remedies and natural childbirth, and presents problems caused by pollution. "Gardening" is an appeal to return to "self sufficiency".	National Indian Brotherhood of Canada 102 Bank Street Ottawa, Ontario
P A Baby Coming? Think Pre-natal Nutrition Now	Very similar to pamphlet "Having a Baby? Eat Well Now", but not set up as well, nor are the illustrations as good. Recommends daily diet for pregnant woman, shows some inappropriate foods, ways to take milk and a hint on overweight. More foods specifically available in north could be included (wild meats, canned fruits and vegetables) The only native food mentioned is bannock. Could be used with any women of non-English speaking origin.	Health and Nutrition Education Medical Services Br. Saskatchewan Region National Health and Welfare 1855 Smith Street Regina, Saskatchewan S4P 2W5

PACKAGE PROGRAMS

Name	Content/Evaluation	Address
I/P Stretching Food Dollars (1980) 4 booklets - Shape Up Your Shopping Label Talk "Best Before" Dates The Big Sell	Not produced exclusively for natives, although cover illustrations depict north. Basic ideas on food buymanship. Some practical ways to save money are lacking. No mention of including wild/land foods in shopping list. Geared to natives living in urban areas. Books are self-guiding - could be done in the home, but would be more effective if information were discussed. Each booklet contains stories, games, quizzes and activities with answers in the back. Five more booklets on Money Management entitled "Money-Go-Round" follow, with minimal information on food buymanship.	Northern Continuing Education Branch Dept. of Northern Saskatchewan Box 5000 La Ronge, Sask.
I Birth of a Baby	Resource kit on prenatal education designed for use of Community Health workers and Public Health Nurses in conducting educational programs for Indian reserve communities. There are four modules, which may be used in part, combined or interchanged: How a Baby Grows, What's Happening to Me, The Happening: Labor and Delivery, The Newborn. (Nutrition forms only part of each). Each module contains a suggested outline for a workshop with a list of topics to be covered, a list of A/V aids and suitable activities, and background articles. One section is on "Traditional Practices and Customs of Saskatchewan Indian Women during Childbearing"; Could well be used with non-Native audiences - very little geared directly to Natives.	Health and Nutrition Education Medical Services Br. Saskatchewan Region National Health and Welfare 1855 Smith Street Regina, Saskatchewan S4P 2W5

PACKAGE PROGRAMS Cont'd...

Name	Content/Evaluation	Address
I Basic Living Skills A package program dealing with 11 topics, 4 on foods and nutrition. Food Basics Food Preparation Food Shopping Now You're Cooking (1982)	Produced for use with mentally handicapped people. Would be of use in teaching people of non-English speaking origin insofar as very basic concepts are taught in a simple and straight forward fashion. Each book (1 per topic) carries information for instructor and many activity ideas. Many will be too simple, but the book is to be used as a guide and only information and activities can be selected that are appropriate. Other activities can be adapted. The recipes in "Now You're Cooking" are duplicated in pictorial form. Many make only one or two servings.	Home Economics Directorate 880 Portage Ave. 2nd floor, Winnipeg, Manitoba R3G 0P1
I Nutrient Bar Graph Educational Program * Nutrient Bar Graphs for Native Foods Nutrient Bar Graphs for Store Foods Resource sources and nutrient values for native foods Teaching notes for store foods Supplementary teaching notes for native foods Canada's Food Guide English French	Bar Graphs for Native foods go along with Bar Graphs for store foods produced by the Ontario Milk Marketing Board. Set contains 40 - 22x28 cm cards for northern land and sea foods. Information for kilojoules and 10 nutrients. May be compared to store foods, although the two sets are not color coded. Designed for use by CH workers, nurses and school teachers, but not without professional advice.	Program aids and Resources Medical Services Br. Health and Welfare Canada Ottawa, Ontario K1A 0L3
I/P Good Health Eating Guide (1981) Poster Pamphlet Book (42 pgs.)	Not produced for Native people in particular but has very effectively been used with Native diabetics. Guide comes in three forms, related by colour coding of the food groups. Large poster provides an outline for individual diet plans in picture form. Spaces are left for foods to be added. Pamphlet is a fold up form of the poster with all the information needed to plan a day's menu on a single sheet.	Canadian Diabetes Association 330 Edmonton Street Winnipeg, Manitoba R3B 2L2

Cont'd...

PACKAGE PROGRAMS Cont'd...

Name	Content/Evaluation	Address
Good Health Eating Guide Cont'd...	Book contains more detailed information and a greater variety of food choices. Tips for meal planning, food shopping and preparation are included. Materials should be handed out on discretion of dietitian.	

BOOKS

Name	Content/Evaluation	Address
I/P Musk, Ox Milk, Ptarmigan Pie and other Northern Delicacies (Kids can Cook) (1976) 442 pgs.	Part I - basic nutrition facts, general ideas on cooking with children. Part II - large number of recipes, both written and in pictures. Mini-lessons give suggestions for activities to be practiced before recipe is undertaken. At the end of each section, a list of food - related activities is given. Binder form, very attractive. Excellent resource for teachers in a school setting or parents in home. Simple recipes using ingredients likely available in all northern communities. The use of land/native foods encouraged. Geared to north at all times. Recipes/activities range from simple to complex. Could be used with children of all ages (4-12).	Programme Development Division Dept. of Education Government of N.W.T.

BOOKS Cont'd...

Name	Content/Evaluation	Address
I/P Fish Recipes (1979) 24 pgs.	Contains tips on storing and cooking fish, and 18 recipes. Simple easy-to-read recipes using basic ingredients. The suggestions given as accompaniments to fish teach about well-balanced meals. Photocopied booklets. Not illustrated.	Health and Nutrition Education Medical Services Branch Saskatchewan Region National Health and Welfare 1855 Smith Street Regina, Saskatchewan S4P 2W5
I/P Northern Cookbook Eleanor A. Ellis (editor) (Queen's Printer 1968) 358 pgs.	Contains facts on wild game, fish, fruits and vegetables found in Canada's northland. Most recipes incorporate these foods. Some basic information on nutrition and family meal planning. Heavy emphasis on meat. Oriented to foods obtained in far north and on coasts (eg. Dall sheep, seal, Arctic Char). Much is not practical for regular cooking - many expensive ingredients and ingredients hard to get in north are needed. (eg. hazelnuts, fresh mushrooms and asparagus, various wines). Does use recipes containing powdered milk and eggs, some canned and dried fruits and vegetables. Could have more recipes in Eggs and Cereals sections. Well illustrated throughout with cartoon-like drawings.	University of Manitoba Bookstore University of Manitoba Winnipeg, Manitoba
I The Nutrition/Health Advisor Cookbook (Projected printing date - Summer, 1983)	A resource book for Nutrition/Health Advisors in Native Communities. Recipes encourage a high consumption of vegetables, and a low consumption of sugar, fat and salt. Illustrated.	Nutrition and Health Program Frontier School Div. #48 1402 Notre Dame Ave. Winnipeg, Manitoba R3E 3G5

BOOKS Cont'd...

Name	Content/Evaluation	Address
I Inter-Tribal Cookbook Barbara Wyss and Teressa Nahanee (1982) 50 pgs.	Contains traditional and modern recipes of North American Indians. Would not be a practical cookbook for Natives from Manitoba to use, but rather serve as a source of information on what foods were and are common to tribes across Canada and the United States.	BRT Publishers, Ltd., C-15 Little Fort, R.R. #1 North Bridge Lake Road Lone Butte, British Columbia XOK 1X0 (\$12.00)

BOOKS Cont'd...

Name	Content/Evaluation	Address
I English through Nutrition (1980) 89 pgs.	Produced to aid in teaching English to anyone not familiar with English and Canadian food. Obviously concentrates on developing a language, with nutrition content taking second place. Topics introduced could be expanded, however. Contains activity sheets and excellent ideas for food - related games. Lessons themselves would not be very useful in teaching native adults about nutrition, unless you were concentrating on teaching English at the same time.	Vancouver School Board Program Services 1595 West - 10th Avenue Vancouver, British Columbia V6J 1Z8
I Northern Nutrition (1978)	Resource book for educators involved in teaching nutrition to Inuit. Much of the information is relevant to Native Indians or other people living in the North. Four sections give nutrition information with most of it, although brief, pertinent to north, and very practical. Information on country/native food sources and food storage (also practical). Ideas on Community Nutrition Programs with lesson plans, suggested games, quizzes, food-related activities. Gives pointers on the use of media as a method of promoting good nutrition. List of useful teaching aids, a brief description of each and where they may be obtained. A very useful guide.	Education Programs and Evaluation Division Department of Education Yellowknife Northwest Territories

SLIDE SHOWS

Name	Content/Evaluation	Address
I/P Milk for Your Baby (1978)	Slides/tape/leader's guide. 64 slides in set. 1-36 breastfeeding 35-64 information on bottle- feeding. Time: 35 minutes. Very positive approach to breastfeeding. Shows only native mothers and children. Has received good response from native audiences.	Home Economics Directorate 880 Portage Ave. 2nd floor, Winnipeg, Manitoba R3G OP1

GAMES

Name	Content/Evaluation	Address
P Native Food Playing Cards	Twenty-four pairs of foods - six from each food groups on sheets which can be mounted and cut into cards. Adapted from "Big Ideas" - a nutrition education program for grades 4-6, by Ontario Milk Marketing Board. Teacher's guidebook may be consulted for ideas for using cards. Cards show wild meats, canned foods and bannock.	The Nutritionist Hudson's Bay House 77 Main Street Winnipeg, Manitoba R3C 2R1
P Food Dominoes	Adapted from food dominoes produced by Ontario Milk Marketing Board. Show Native and northern foods.	The Nutritionist Hudson's Bay House 77 Main Street Winnipeg, Manitoba R3C 2R1

Name	Content/Evaluation	Address
I * Good Food for Your Bodies (1981)	45 x 60 cm yellow/black/white. Based on pamphlet "Good Food for Your Family". Presents food groups, foods not as good for you, wise snacks. Foods include wild/native foods. Produced for use in classroom, but could be used outside classroom as well. Good illustrations showing native children. Has received very favourable response.	Native Education Branch Manitoba Department of Education 1181 Portage Ave. Winnipeg, Manitoba (\$1.00)
I Food Guide for Native People	45 x 60 cm. Heavy paper. Black and white sketches on coloured backgrounds to go with regular food guide. Under the name of each food group is a short sentence telling function of group. Native and commercial foods depicted.	The Nutritionist Hudson's Bay House 77 Main Street Winnipeg, Manitoba R3C 2R1
I Breastfeeding is the Natural Way to a Healthy Baby (1981) English Ojibway/Cree Syllabics	In smaller lettering is the following sentence: "Being prepared before your baby arrives is the first step to a happy breastfeeding experience." Good eye-catching illustrations. Could be used to inform women on where more information was available on breastfeeding.	Nutrition Services Northwestern Health Unit 15 Ocena Ave., W. R.R. # 1 Kenora, Ontario P9N 3W7 (fee - 20¢ each for distribution outside N.W. Health Unit district)
I Set of 3 Having a Baby? Eat Well Now Hewehcbebemihin? Kwiask meteso! Breast Milk is Best (May be used with pamphlet "Having a Baby" Eat well Now")	Each 58 by 40 cm First 2 show pregnant Native women. Very attractive - done in mellow colors.	Northern Continuing Education Branch Dept. of Northern Saskatchewan Box 5000 La Ronge, Saskatchewan

POSTERS Cont'd...

Name	Content/Evaluation	Address
I Series on nutrition issues (Produced by The Bay's Northern Nutrition Project ¹)	18" x 24" posters co-ordinated with The Bay's Nutrition Newsletter. Incorporates northern culture and is in both Cree syllables and English. Smaller posters. (8 1/2 x 11") are available for handouts. The same material is produced for Inuit people.	The Nutritionist Hudson's Bay Company 77 Main Street Winnipeg, Manitoba R3C 2R1 (Single copies available)

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- ¹ The Bay has additional resource materials developed for the Inuit population, many of which could be used with a minimum of adaptation with the Native Indian population (eg., * "Breakfast Survey" - Appendix E).

Name	Content/Evaluation	Address
P Breastfeeding Your Baby	Side 1 - how to breastfeed Side 2 - advantages of breastfeeding. Simple, concise language with just enough information. Fairly good illustrations, but some native foods could be depicted.	Health and Nutrition Education Medical Services Br. Saskatchewan Region National Health & Welfare 1855 Smith Street Regina, Saskatchewan S4P 2W5
P What to Add to Baby's Diet and When	Side 1 - in chart form - illustrates what to feed baby during every month of first year. Side 2 - advice for each food group. Information presented clearly. Not exclusively for natives, although bannock is mentioned. No promotion of breastfeeding.	Health and Nutrition Education Medical Services Br. Saskatchewan Region National Health & Welfare 1855 Smith Street Regina, Saskatchewan S4P 2W5
P • Modified Canada's Food Guide • Snack Game • Fetal Alcohol Syndrome (part of a package) Baby Food Package: • Introduction to Solids • Homemade Baby Food • Cost Comparison Handout (1981)	Six tearsheets developed by university students under a summer grant for use by Health Sciences Centre with Native people. All except Food Guide and Snack Game could be equally well used with non-natives. Food Guide includes northern/native foods. Some with English captions - others blank so appropriate language may be plugged in. Snack Game also includes foods available in north. "Fetal Alcohol Syndrome" - pertinent information in bold script. Baby Food Package - a lot of information in chart form. Photocopied sheets.	Department of Dietetics Health Sciences Centre Rm. B 115 - 700 William Ave. Winnipeg, Manitoba R3E 0Z3
P What to Eat When You are Expecting (1982)	Side 1 - shows food guide and number of servings for the pregnant woman. Side 2 - shows "where the weight goes", and foods that should be avoided. Gives alot of pertinent information in simple clear language.	Home Economics Directorate 880 Portage Ave. 2nd floor, Winnipeg, Manitoba R3G 0P1

CATALOGUES

Name	Content/Evaluation	Address
I Multi-way on Indians and Inuit of North America 1965-1980 (Indian and Northern Affairs, Canada)	Contains information on multi- media resources available on Indians/Inuit from various distributors. There are 23 titles of films, filmstrips and videotapes listed under "Food Supply". Nine of these have Canadian content and four pertain to the Prairie Provinces. Very scanty nutrition content.	Indian and Northern Affairs Department Education Branch Information Canada Ottawa, Ontario
I Native Health and Nutrition Resources (Native's Woman Workshop) 1981	This is one section of a Native Health and Nutrition Project. Contains a listing of appro- ximately 60 articles, pamphlets, books and audio-visual aids on Native health and nutrition, traditional diet and medicine, and where these materials may be obtained.	Native Women's Workshop 241 Colborne Street London, Ontario N6B 2S4

NEWSLETTERS/PERIODICALS

Following is a list of newsletters that carry information on Native food and nutrition.

Name	Content/Evaluation	Address	Frequency of Publication (Yr.)	Subs. Rate
Nutrition Newsletter	Covers nutrition activities and news from the Indian and Northern Health Service across Canada. Works on a theme for each issue. In English and French.	Jean Steckle Nutr. Consultant Medical Services Branch Jeanne Mance Bldg. Tunney's Pasture Ottawa, Ontario K1A 0L3	1	
Want/Can Share Ideas/Resources	An exchange of information by people working in home management, nutrition and health in native communities.	Frances Hall Box 31 Wabowden, Manitoba ROB 1S0	2	
Native Women's Workshop	Not a nutrition newsletter but always has some food/nutrition content.	241 Colborne Street London, Ontario N6B 2S4		
The Bay's Nutrition Newsletter	Sent out to Northern Communities using The Bay's Nutrition Program. Each issue develops one nutrition theme and gives ideas on how to use the information.	The Nutritionist Hudson's Bay Co. 77 Main Street Winnipeg, Manitoba R3C 2R1	12	

Other Periodicals published in Winnipeg with Native Content:

Pemmican Journal	Pemmican Publications, Inc., 34 Carlton Street Winnipeg, Manitoba R3C 1N9 (Phone - 942-0926)	4	\$10.00
Indian Life	Indian Life P.O. Box 3765 Station B Winnipeg, Manitoba R3W 3R6 (Phone - 338-0311)	6	\$ 3.00
The Beaver	Hudson's Bay Company Hudson's Bay House 77 Main Street Winnipeg, Manitoba R3C 2R1	4	\$10.00

NEWSLETTERS/PERIODICALS

Other Periodicals Cont'd...

Manitoba News	Department of Indian and Northern Affairs 500 - 275 Portage Ave. Winnipeg, Manitoba R3B 3A3 (Phone - 949-2483)	12	-
Indian Record	Indian Record 503 - 480 Aulneau Street Winnipeg, Manitoba R2H 2V2 (Phone - 237-6943)	4	\$4.00
Ma-se-na-ye-gun	Indian and Metis Friendship Center 465 Alexander Street Winnipeg, Manitoba R3A OW7 (Phone - 943-1501)	12	-

ORGANIZATIONS

A list of Winnipeg Native Organizations that provide resource material on Native people.

Organization	Address	Resource(s)
Indian Cultural Education Centre	119 Sutherland Avenue Winnipeg, Manitoba R2W 3C9 (Phone - 942-0228)	Books, journal articles, Speaker Artist
Indian and Metis Friendship Centre	465 Alexander Avenue Winnipeg, Manitoba R3A 0N7 (Phone - 943-1501)	Speakers Pamphlets Newspaper - Ma-Ne-Se-Gun
Winnipeg Indian Council	650 Burrows Avenue Winnipeg, Manitoba R2W 2A8 (Phone - 586-8561)	Speaker
Manitoba Metis Federation	100-211 Portage Ave. Winnipeg, Manitoba R3B 2A2 (Phone - 956-2070)	Speakers Periodical - Pemmican Journal
Northern Traditions	227 McDermott Avenue Winnipeg, Manitoba (Phone - 947-1411)	Artists
Native Education Branch	204 - 1181 Portage Ave. Winnipeg, Manitoba (Phone - 786-0284)	Pamphlets Audio-visual aids Speakers (oriented to education in schools)
Department of Indian and Northern Affairs	500-275 Portage Avenue Winnipeg, Manitoba R3B 3A3 (Phone - 949-2483)	Booklets Pamphlets Posters Newspaper - Manitoba News
Medical Services Branch	5th floor, 303 Main Street Winnipeg, Manitoba R3C 0H4 (Phone - 949-4199)	Books Pamphlets Speakers

RADIO/TELEVISION PROGRAMS

Following is a list of radio and television programs produced for Natives/
by Natives in Manitoba.

Name	Content	Station/channel	Time
RADIO			
Native Communications (Thompson based)	News/Music/ Messages 80% in Cree language. A.M. network	Thompson - CHTM - Cross Lake - CJNC Norway House - CFNC The Pas - CFNC Dauphin - CKDM	1 1/2 hr. daily 12 hrs. daily 12 hrs. daily 1 hr. daily 15 min. daily
North Country	Geared to north Picks up native issues. English.	CBC - (all stations in central and northern Manitoba)	Monday to Friday 12 - 1 p.m. 4 - 6 p.m.
Manitoba North	Request Music Program News, sports, weather. Public service announcements. English.	CBC - (all stations in central and northern Manitoba)	Monday to Friday 7 - 9 a.m.
TELEVISION			
Woodsmoke and Sweetgrass	Features Indian and Metis issues.	CKY - Channel 7	Sunday - 11:30 p.m.
Western Hour	Mainly Country/ Western Music	CKND - Channel 12	Saturday - 3:30 p.m.

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APPENDIX A

LIST OF INTERVIEW QUESTIONS

* * *

INTERVIEW QUESTIONS

The following gives the questions/area of questioning used with each interviewee as considered appropriate. The questions asked and information given by each interviewee depended on his/her occupation/role in the community.

1. Information on program/project involved in: objectives, how it functions.
2. What types of resources/specific resources have you used? Was the resource effective? (eg., what was the response?) Why/why not? (in your opinion). How was effectiveness evaluated?
3. What methods have been found to be effective/not effective in teaching Native people about nutrition/ (or other subject area). Why/why not? (in your opinion). How was effectiveness evaluated?
4. Through what channels should nutrition education be done?
5. To what extent were Native people involved in planning and implementing the program/course of study? (that you are/were involved in?)
6. Would methods of teaching differ for urban and rural Natives? How do their problems/needs differ? Would they respond to different types of resources?
7. Do you feel that there is a need for more resource development for use particularly with Native people? Who should be involved? What would be an effective means of dispensing these resources?
8. From your experience/knowledge, what is the typical diet of a Native family? (What foods are commonly eaten/seldom eaten or not at all?)
9. What particular nutritional problems should be addressed? What aspects of nutrition should resources focus on?
10. What particular cultural components/food customs (or other customs) are important to consider in teaching Native people about Nutrition? in resource development?

APPENDIX B

SAMPLE LETTER SENT TO COLLECT
RESOURCES

* * *



DEPARTMENT OF HEALTH
Home Economics Directorate
2nd Floor, 880 Portage Avenue
Winnipeg, Manitoba
R3G 0P1

I am preparing a report on the characteristics of educational programs that would be effective in teaching nutrition to Native people, particularly young Native families. This involves an assessment of existing resources (eg., pamphlets, tear sheets, slide shows, posters) - both for documentation of what is available, and to aid in establishing guidelines for future resource development. What teaching materials are available to you or do you have knowledge of? I would appreciate receiving a copy of any of the materials or information on where it would be possible to get them.

Thank you.

Sincerely,

Doris Penner
Nutrition Specialist (for)
Native Nutrition Project

DP/gmd

APPENDIX C

LIST OF INTERVIEWEES

* * *

- Janet Sampson - Volunteer Co-ordinator
Home Economics Directorate
880 Portage Avenue
R3G 0P1
- Kathy Harrison - Former Nutritionist with
Hudson's Bay House
77 Main Street
Winnipeg, Manitoba
R3C 1A3
- Joan Butcher - Director
Nutrition & Health Program
Frontier School Division #48
1402 Notre Dame Avenue
Winnipeg, Manitoba
R3E 3G5
- Dennis Daniels - Director
Indian & Metis Cultural Center
119 Sutherland Avenue
Winnipeg, Manitoba
R2W 3C9
- Marilyn Nosko - Home Economist
Department of Community Services and Corrections
189 Evanson Street
Winnipeg, Manitoba
R3G 0N9
- Grace Easter - Director
Manitoba Indian Brotherhood
274 Garry Street
Winnipeg, Manitoba
R3C 1H3
- Gail Marchessault - Regional Nutritionist
Medical Services
500-303 Main Street
Winnipeg, Manitoba
R3C 0H4
- Mae Katt - Community Health Nurse
Wendigo Parametic Health Team
44 South Algoma Street
Thunder Bay, Ontario
P7B SE3

Harriet Franken

- Family Counsellor with Natives
Department of Community Services and Corrections
189 Evanson Street
Winnipeg, Manitoba
R3G 0N9

Karen Schreiber

- Education Assistant
Department of Dietetics
Health Sciences Center
700 McDermott Avenue
Winnipeg, Manitoba
R3E 0T2

Phyllis Duxbury

- Dietitian
Thompson Hospital
871 Thompson Drive
Thompson, Manitoba
R8N 0C8

Frances Hall

- Community Nutrition/Health Advisor
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Wawboden, Manitoba
R0B 1S0

Marla Gotfried

- Home Economist
Department of Community Services and Corrections
871 Thompson Drive
Thompson, Manitoba
R8N 0C8

Anita Styba

- 4-H Specialist
Department of Agriculture
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R8N 1S7

Pat Bruderer

- Program Director
Metis Friendship Center
Thompson, Manitoba

Mona Neepin

- Home Advisor
Manitoba Metis Federation
Professional Building
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R8N 0R6

George Neepin

- Director
Manitoba Keewatinowi Ohimakonah (MKO)
245-74 Caribou Road
Thompson, Manitoba
R8N 0L3

Annette Enns

- Supervisor
Home Advisor Program
Department of Labour and Manpower
Box 17
59 Elizabeth Road
Thompson, Manitoba
R8N 1X4

Eric Rempel

- Resource Development Co-ordinator (for)
Native Concerns
Mennonite Central Committee (MCC)
1483 Pembina Highway
Winnipeg, Manitoba
R3T 2C8

Rolly Fontaine

- Community Developer
Indian/Metis Friendship Center
465 Alexander Avenue
Winnipeg, Manitoba
R3A 0N7

Mary Richard

- Co-manager
Tipi Restaurant
236 Edmonton Street
Winnipeg, Manitoba
R3C 1R7

Myrna Whitehawk

- Past Director
Native Women's Transition Center
367 Selkirk Avenue
Winnipeg, Manitoba
R2W 2M3

Cathy Moore

- Home Management Educator
Government of North West Territories
Box 730
Frobisher Bay, North West Territories
X0A 0H0

Barbara Daniels

- Co-ordinator
Indian Family Center
470 Selkirk Avenue
Winnipeg, Manitoba
R2W 2M5

Pat Carriere

- Group Facilitator/Counsellor
Business of Living, Inc.
312 Balmoral Street
Winnipeg, Manitoba
R3C 1X9

Phyllis Keeper

- Community Worker
Stella Mission
470 Stella Street
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R2W 2V1

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Native Education Branch
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R3G 0T3

Diane Cooley

- Native Curriculum Development Co-ordinator
Department of Education
404-1181 Portage Avenue
Winnipeg, Manitoba
R3G 0T3

Valerie Stubbs

- St. Matthews/Maryland Community Ministry
570 Furby Street
Winnipeg, Manitoba
R3B 2V8

Garry Robson

- Native Education Branch
Department of Education
1181 Portage Avenue
Winnipeg, Manitoba
R3G 0T3

Randy Iachuta

- Manitoba Indian Agriculture Program
320-260 St. Mary Avenue
Winnipeg, Manitoba
R3C 0M6

Janet Goertzen

- Vice President
Manitoba Metis Federation
463-8th Street
Brandon, Manitoba
R7A 3X6

Jeannette McKay

- Matron
Walnut Reception Home
171 Walnut Avenue
Winnipeg, Manitoba
R3G 1P3

Flo Giasson

- Youth Worker
Young United Church
222 Furby Street
Winnipeg, Manitoba
R3C 2A7

- Shirley Comber &
Grace Svens
- Katera-Tekawitha Mission
Roman Catholic Native Ministry
80 Lydia Street
Winnipeg, Manitoba
R3A 1K8
- Isabelle Pearson,
Gladys Harper, &
Mary Henderson
- Medical Interpreters
Winnipeg Indian Council
650 Burrows Avenue
Winnipeg, Manitoba
R2W 2A8
- Catherine Hiller
- Director
Osborne House
54 Balmoral Street
Winnipeg, Manitoba
R3C 1X4
- Brenda Kennedy
- Public Health Nurse
Elmwood Area
Winnipeg, Manitoba
- Debra Wild
- Director
Registered Nurses of Canadian & Indian Ancestry
Winnipeg Indian Council (R.N.C.I.A.)
650 Burrows Avenue
Winnipeg, Manitoba
R2W 2A8
- Terry Hutchinson &
Lena Brass
- Home Care Advisors
Relocation Program
Department of Labour & Manpower
127 Main Street
Flin Flon, Manitoba
R8A 1J9
- Monica Lone
- Public Health Nurse
Flin Flon, Manitoba
R8A 1J9
- Beth Butcher
- Home Economist
Department of Health
Box 2550
The Pas, Manitoba
R9A 1M4
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- Director
Flin Flon Day Care
124 Green Street
Flin Flon, Manitoba
R8A 0P9

Betty Storey (RN)

- Head Nurse - Pediatrics
Flin Flon General Hospital
Flin Flon, Manitoba

Pat Stewart

- Director
Indian Health Center
2nd Floor, Otineka Mall
The Pas, Manitoba

Irene Personius &

Helen Young

- Community Health Representatives
Indian Health Center
2nd Floor, Otineka Mall
The Pas, Manitoba

Ethel Constant

- Director of Home Care and Food
Swampy Cree Tribal Council
2nd Floor, Otineka Mall
The Pas, Manitoba

Hildie Young

- Liaison Worker
Department of Education
Basement - Otineka Mall
The Pas, Manitoba

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Ruby Kocis

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Brock Elliott

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Family Center
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Ron Marchenski

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Indian Agriculture Program
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119

Rose Haines

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Dolly Pashe

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Friendship Center
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Brian Mitchell

- Director
Work Activity Program
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Portage la Prairie, Manitoba

Kathy Wasteste &

Irene Smoke

- Dakota-Ojibway Tribal Council
Cultural Education Center
702 Douglas Street
Brandon, Manitoba
R7A 5V2

Lorna Ducharme

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R7A 3X6

Judy Hill

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Lorraine McKay

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University of Brandon,
Brandon, Manitoba

Doreen McPherson

Jenny Reed

Giselle Morin

Roberta Beardy

Allan Ducharme

- Students in BUILD Program
Faculty of Education
University of Manitoba
Brandon, Manitoba

Gwen Hiebert

- Director
Portage Farm Labour Project
Portage la Prairie, Manitoba

Emma LaRoche

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Winnipeg, Manitoba
R3T 2N2

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R3T 2N2

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Stella Kohut

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R3E 0Z3

Debra Lyall

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Department of Agriculture
25 Tupper Street, North
Portage la Prairie, Manitoba
R1N 3K1

Karin Maertins

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Winnipeg, Manitoba
R3T 2G6

Lillian Kennedy

- Community Health Representative
Bloodvein Indian Reservation
Bloodvein, Manitoba

APPENDIX D
DESCRIPTION OF EXISTING FOOD AND
NUTRITION PROGRAMS FOR NATIVE PEOPLE
IN MANITOBA

SOME EXAMPLES

* * *

The following article was published by O.N.E. Newsletter (Vol. 3 No. 2, Winter, 1982) and describes the nutrition program of The Bay.

Colouring the North....Nutritious!

Marjorie Schurman
Nutritionist Hudson's Bay Company
National Stores Department
77 Main Street
Winnipeg, Manitoba

The Bay's Nutrition Upgrading Program provides both consumer education and appropriate marketing of nutritious foods in remote native communities. The education portion of the program saw the development and testing of shelf labels, posters and good food stickers specifically for Inuit communities. In the marketing function, work with the food processing industry has produced calcium fortified flour, now packed under The Bay label and available throughout the Central and Eastern Arctic. By working within the Company's infrastructure, the staff nutritionist can ensure the availability of promotional materials encouraging the use of nutritious food options. The overall aim is to eventually expand this program to include Bay store communities in five provinces as well as the Territories since The Bay is a major food retailer in all of these areas.

The objectives of the program are to promote professional and consumer awareness of the availability of the program and of nutrition information, and to provide effective information which will inform the consumer of nutritious foods resulting in changes in knowledge, beliefs, attitudes, purchases, foods eaten, and ultimately an overall improvement in nutrition and health.

On community visits to the Arctic and Subarctic the Nutritionist communicates and co-operates with Territorial and Provincial Government agencies (Departments of Health and of Education) and Federal Government agencies (Medical Services) to ensure mutual support and the provision of consistent messages. She also briefs the Hudson's Bay Company Manager and staff on the program, and offers the program to the community via presentations -- first, to Community and/or Band Council for approval and support, then to various other community groups and professional contacts.

The main focus of the program is colour coding the store foods on the basis of Canada's Food Guide. The markers feature the sun (a universal symbol for life and health); use the colours of Canada's Food Guide (red, blue, green and orange); and are inserted into shelf moldings below nutritious foods.

A new basic poster, with interchangeable parts in appropriate languages features the four food groups with their related colours, and includes basic native foods as well as store foods.

Other posters have been developed for the Arctic by Alootook Ipellie and feature "Nukilik" (one with strong muscles). They use both English and Inuktitut languages when dealing with various pertinent nutrition issues.

A monthly newsletter - "News from Nukilik" - is sent out to 30 Arctic communities. Using both English and Inuktitut, each newsletter suggests an issue, provides a theme, provides public service announcements, and makes simple program suggestions on how each group in the community could help people learn about nutrition. There are also colouring sheets related to the monthly newsletter themes which are distributed with each purchase of "good foods" and Nukilik balloons serve as positive reinforcements of wise food choices.

The program is being tested for expansion into Indian communities. This portion of the program began March, 1981, when The Bay joined the Medical Services Nutritionist in sponsoring a Manitoba "Go With Nutrition" Poster Contest for National Nutrition Week. Fourteen Indian communities in Manitoba and the Northwest Territories are currently trying the program. The remainder of Bay communities in the N.W.T. and four other provinces will hopefully be initiated into the Indian portion of the program in the near future. We are very pleased that Nutritionist Kathleen Harrison has joined the HBC program to help in this ambitious expansion.

Video tapes showing the food groups, for distribution and broadcast as public service announcements throughout the North, have just been completed.

Additional promotions and work with other professionals that will contribute to making nutrition visible in the marketplace and the community are continually being sought.

Response to the Hudson's Bay Company's Nutrition Upgrading Program thus far has been excellent. Bay Managers, are enthusiastic about getting the community involved. And the program is gaining recognition outside of the Company as well. In 1978 the Manitoba Conference Planning Group commended The Bay's "concern for the health and well-being of their customers." In 1980, the General Foods Award for Excellence in Nutrition Communication went to The Bay's Nutrition Program in the Arctic.

This positive response to The Bay's Nutrition Upgrading Program seems to indicate that we are on the right track in helping to improve nutrition education in Arctic communities. The Bay hopes that future expansion of its Nutrition Upgrading Program will continue to contribute to an increased interest in Nutrition.

Mennonite Central Committee (MCC) Gardening Project

This project was begun in 1977 and runs every summer for three or four months. Volunteers are recruited and move into Native communities on request from the Band or Council, to help in setting up gardens. They give over as much responsibility as possible to the people participating in the project in planning, ordering seeds, maintaining equipment, etc.

Volunteers go through a one-week orientation which includes instruction on cultural awareness and nutrition (one-half a day for the latter), some practical gardening and gives a Biblical basis for service of this nature.

Their philosophy is that by moving into the community and working side by side with the Native people, bridges between cultures can be built.

That the program is successful can partly be deducted from the fact that more requests come in each summer than they can fill.

For more information, contact:

Mennonite Central Committee
Native Concerns Branch
201-1483 Pembina Highway
WINNIPEG, Manitoba
R3T 2C8

Portage Farm Labour Project

This project, funded by a LEAP grant, hires from 300 to 350 Indians from reserves within a radius of about 135 km from Portage la Prairie. The employees work on the farms as field labourers or supervisors and receive a wage (\$5.00 an hour in 1982; or higher depending on the nature of the job). A transportation system is set up for those who need it. The project works closely with the chiefs of the reserves - in fact, the chief from each community takes the responsibility of recruiting workers each spring.

In winter, a training program is offered for about 15 of the workers. The program teaches lifeskills including money management, and gives information on foods and nutrition. If necessary, a basic literacy course is included (for some of the summer jobs, a good grasp of English is required - for example, to read chemical and fertilizer labels). For the rest of the labourers, training is "on the job".

Daily attendance at the job has greatly improved and is now "good". There are plenty of individuals ready to step into a job that might be left vacant. Working with the chiefs of the reserves is very important; farmers (employers) are beginning to offer more services (eg., water on the field; places for lunch). The labourers are welcome to pick up vegetables grown on the fields for home use.

For more information, contact:

Director
Portage Farm Labour Project
PORTAGE LA PRAIRIE,
Manitoba

Community Nutrition and Health Advisor
Training Program

This program was begun by the Frontier School Division in 1974 to train Native women to work in northern Native communities as Nutrition Advisors; this has subsequently expanded to include general health care. Presently, there are 16 advisors working in 19 communities. The training program runs for about 60 weeks over a two year period. One-third of this time is spent in Winnipeg, while the remainder takes place in a northern center.

Once trained, the Advisors work in: 1. the community, usually on a one-to-one basis 2. the school - teaching nutrition for grades K-4 and sometimes 5 and 6. Not one single curriculum is used by all the schools, but usually a combination of two or three.

An insight into the role of the Nutrition and Health Advisor may be obtained by looking at the activities of Frances Hall, who has worked as an Advisor in Wabowden, Manitoba since 1976. The information is based on an interview with Mrs. Hall (conducted on September 9, 1982) and on an article in O.N.E. Newsletter (Vol. 3 No. 4, Summer, 1982).

One-third of Mrs. Hall's time is taken up with planning for and teaching nutrition to grades K to 6. She has developed her own curriculum through the years, and changed much of available resource material to fit the community and northern Native culture. She states that she can see changes in food choice and eating habits, and parents comment to her on nutrition information they hear from their children.

Mrs. Hall spends a good deal of her time in the community making individual contacts through home visits, and talk centers around nutrition and health. Other activities include making nutrition notes and tapes

for the radio station, organizing group activities such as weight control and exercise courses, berry picking and gardening. Her job in the school has expended to include initial screening of hearing and vision, and some first aid service.

For further information, contact:

Joan Butcher
Director of Nutrition and Health Program
Frontier School Division
1402 Notre Dame Avenue
WINNIPEG, Manitoba
R3E 3G5

APPENDIX E

SAMPLE OF RESOURCES

* * *

Breastfeeding



For A Healthy Baby

WHY BREASTFEEDING IS IMPORTANT

BREASTFEEDING HELPS PROTECT
YOUR BABY FROM DISEASE,
INFECTION AND ALLERGIES (FEWER
COLDS, DIARRHEA OR EAR
INFECTIONS).

BREASTMILK IS ALWAYS AVAILABLE
- FREE, CLEAN AND AT THE RIGHT
TEMPERATURE.

BREASTMILK CONTAINS ALL
NECESSARY NUTRIENTS SO YOUR
BABY WON'T NEED ANY SOLID
FOODS FOR A LONGER PERIOD OF
TIME.

BREASTFEEDING SPEEDS UP RETURN
TO YOUR NORMAL FIGURE.

BREASTFEEDING CAN HELP BRING
YOUR FAMILY CLOSER TOGETHER.



BY LEARNING ABOUT
BREASTFEEDING AND GETTING
SUPPORT, YOU WILL BE ABLE TO
SOLVE ANY PROBLEMS THAT MAY
COME UP.

WAYS TO DEAL WITH . . .

TOO MUCH MILK - This may cause you to
feel uncomfortable but **can be avoided** by
short, frequent nursing soon after delivery.
You can pump or express the milk if you have
too much.

SICKNESS -
You can still
breastfeed if
you are sick.
Your baby will
not get sick.



GOING OUT - Choosing to breastfeed, does
not mean that you will have to stay home all
the time. You can take your baby out with
you. If this is not possible, pump some milk
into a clean bottle and let your babysitter feed
your baby.



SIZE OF BREAST - This is not a problem, since your breast size does not affect your ability to breastfeed.

NO PRIVACY - You can breastfeed privately without feeling shy if you wear the right kind of clothing - find a suitable place to breastfeed.



YOU WILL BE WELCOMED AT THESE PLACES IN YOUR COMMUNITY TO BREASTFEED PRIVATELY.

BREASTFEEDING IS A TENDER AND BEAUTIFUL EXPERIENCE. SO TRY NOT TO FEEL SHY.

YOUR DECISION

Try and decide how you will feed your baby while you are pregnant, so you can be prepared.

If you decide to breastfeed pick up this free booklet:



"Breastfeeding - For You and Your Baby"
produced by the Northwestern Health Unit
at your doctor's office or from your public health nurse.

IF YOU DON'T UNDERSTAND SOMETHING, TALK IT OVER WITH SOMEONE YOU CAN TRUST TO HELP YOU.



BEING PREPARED BEFORE YOUR BABY ARRIVES IS THE FIRST STEP TO A HAPPY EXPERIENCE.

It is also important to have people around you while you are breastfeeding who are pleased with your decision.

SUPPORT CAN COME FROM THOSE CLOSE TO YOU.

If you have a close friend or relative who has breastfed, you are lucky. Being with other nursing mothers helps you.

If you need someone to talk to or some friendly advice, contact:

REMEMBER THAT BREASTFEEDING IS THE NATURAL WAY TO A HEALTHY BABY.



Produced by: Nutrition Services
Northwestern Health Unit
Kenora, Ontario P9N 3W7

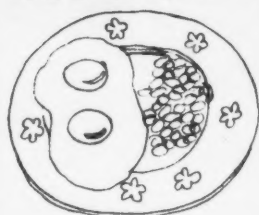
with the help of many concerned people in Northwestern Ontario - 1981.

Art Work by Terry Greene.

Funded through a contribution from the Health Promotion Directorate. The views expressed are those of the creators and do not reflect the official policies of Health and Welfare Canada.

GOOD FOOD FOR OUR BODIES

Meat and substitutes



eggs



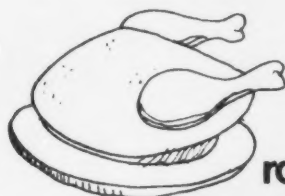
fish



venison



rabbit



roast chicken

help make strong muscles
and good red blood

Fruits and vegetables

Available in winter

oranges



Available in summer

carrots



potatoes



canned
vegetables



bananas



berries



cabbage



tomatoes

help you to have good eyes and less illness

EAT DIFFERENT FOODS FROM EACH GROUP EVERY DAY

Milk and milk products

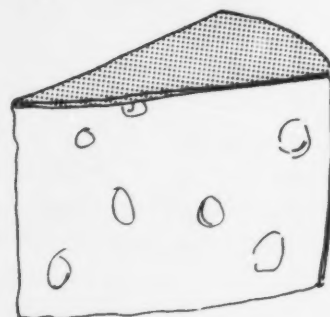


milk



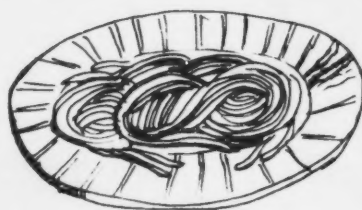
yoghurt

cheese

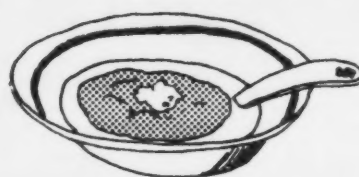


help make teeth and bones strong

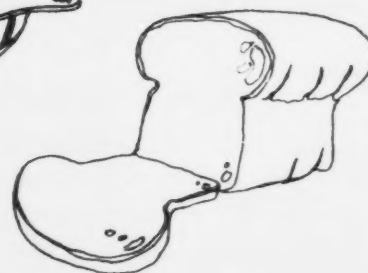
Bannock, bread & cereals



spaghetti & macaroni



oatmeal

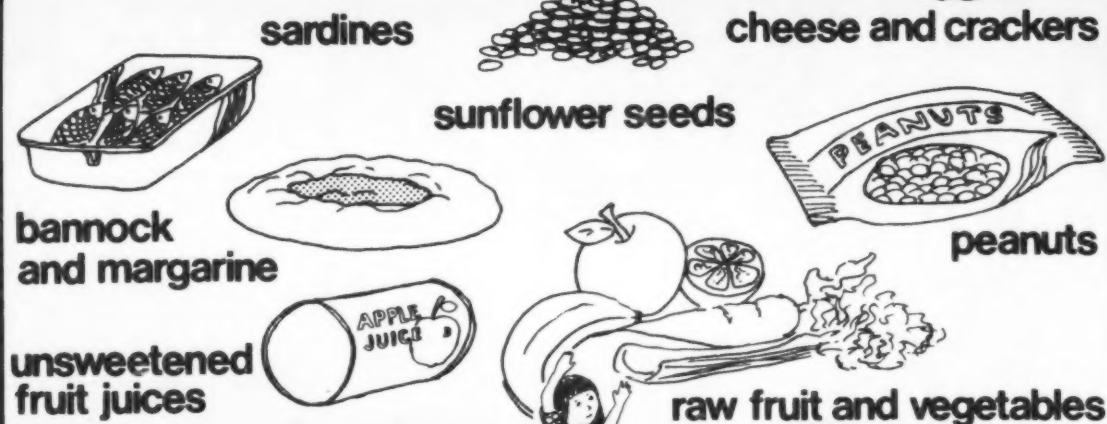


bannock

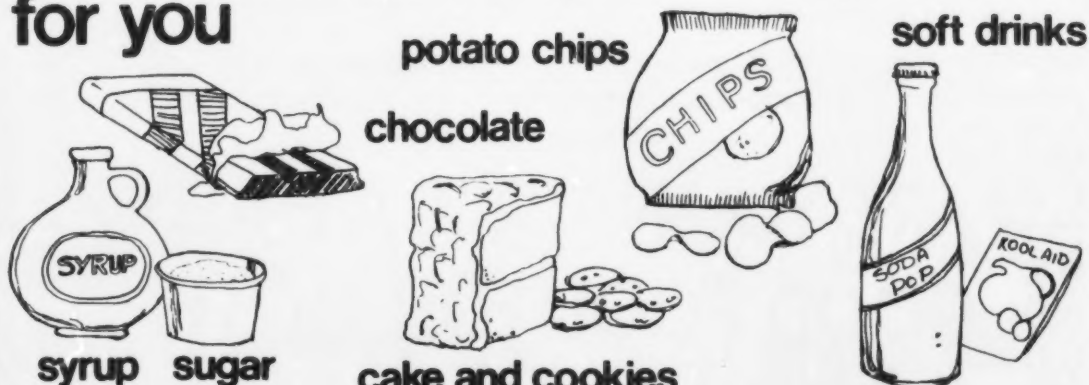
**enriched
or wholewheat bread**

give you energy to work and play

Choose snacks wisely



These foods are NOT as good for you



try not to eat them often

KE WE O PĀ PE MIN...
ME CHEM KĀ ME NOSK
KA KO YUN

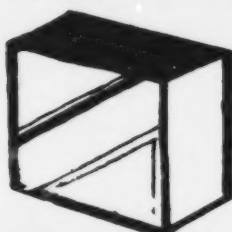


ARE YOU HAVING A BABY?
GOOD FOOD FOR BOTH
OF YOU

The Foods you eat NOW affect

MILK & MILK PRODUCTS

Choose 3 or 4 Everyday



POWDERED MILK



CANNED MILK



CHEESE



CHEESE WHIZ



PUDDING OR SOUP
MADE WITH MILK



ICE CREAM

MILK is one of the most important foods for both of you. If milk makes you sick, ask your doctor or nurse for other foods instead.

the health of your Baby

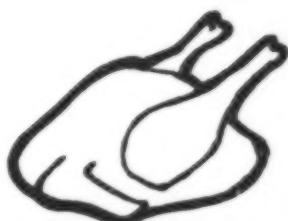
FRUITS & VEGETABLES

Choose 3 or 4 Everyday

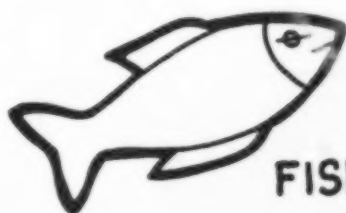


MEATS

CHOOSE 2 Servings Everyday



CHICKEN, DUCK
WILD BIRDS



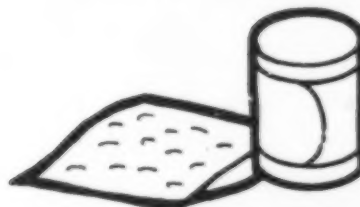
FISH



MOOSE



RABBIT
WILD
GAME



BEANS



EGGS



CHEESE

NUTS AND
PEANUT
BUTTER



BREADS & CEREALS

CHOOSE 3-5 Everyday



BREAD



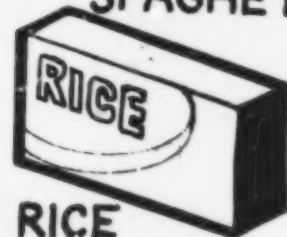
CEREALS



PANCAKES



NOODLES
MACARONI
SPAGHETTI



RICE



BANNOCK



OATMEAL

TRY NOT To eat these foods



CHOCOLATE



CAKES AND COOKIES



CANDY



POTATO CHIPS



SOFT DRINKS



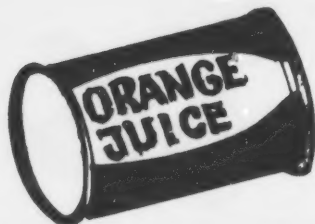
SYRUP, SUGAR

These foods contain few of the nutrients that are good for you and your baby's health

It's not good to drink alcohol during pregnancy



INSTEAD... Try These:



UNSWEETENED
FRUIT JUICES



FRUIT



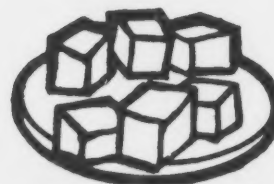
MUFFINS



PEANUTS



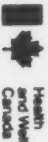
SUNFLOWER
SEEDS



CHEESE
CUBES



Even by eating the proper foods it is difficult to get enough IRON for both of you. Ask your doctor or nurse for iron pills during pregnancy.



Santé et
Bien-être social
Canada

CONTRIBUTION TO RECOMMENDED INTAKE...TEENAGER
(AGE 13-15 FEMALE)

